

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932520	(X3) DATE SURVEY COMPLETED 04/02/2018
NAME OF PROVIDER OR SUPPLIER OUR FAMILYASSISTED LIVING FACILITY III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 SW 76TH AVENUE MIAMI, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR #2018000845) Survey was conducted in conjunction of Complaint Revisit Survey on 04/02/2018. Our Family Assisted Living III, Inc. with Limited Mental Health component, license #4064 had the following deficiencies identified at the time of the survey: 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and record review, the facility failed to ensure that the posted menu included substitutions before or when the meal was served to two out of seven sampled residents. Findings included: On at 12:21 PM, observed five residents gathering for lunch two of the Residents #2 and #3 were served Vienna sausage with white rice, tomato and cucumber salad, and apple sauce. A review of the menu posted revealed for lunch, the facility would serve: Vienna sausage (4 oz.), white rice (1 cup), and peas (1/2 cup), mixed salad (1 cup) with salad dressing (1 T), and fresh fruit. A review of the lunch menu revealed the substitutions were not noted on the menu, the facility did not served peas, mixed salad was substituted for tomato and cucumber salad, and fresh fruit for apple sauce. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Base on record review and interview, the facility failed to retain a completed record for 2 years following the departure of a resident from the facility for one out nine sampled residents (Resident #9). Findings included: Review of the admission and discharge record showed that Resident #9 was discharge from the facility on . Closed record review of Resident #9's file revealed the facility did not have a health assessment available for review. Further review revealed Resident #9's weight at the time of the admission was not documented.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2018
FORM APPROVED

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On at 11:33 AM, the Owner reviewed Resident #9's record for the documentation. She stated, the resident needed assistance with activities of daily living. "I don't know where the health assessment." She acknowledged the weight records and health assessment was not available for review. Class III		