STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967287	R 04/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY FIRST ALF, INC	**15600 SW 143 AVENUE** **MIAMI, FL 33177**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/12/2018. Family First ALF Inc.with Limited Mental Health component license #11365 had the following deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview the facility failed to honor two out five sampled residents' right to be free of physical (Resident #1, and #6).

Findings Included:

On at 9:12 AM observed in # Resident #6's bed with full bed rails placed, and in # Resident #5's bed had two half bed rails placed, and Resident #1's bed had two half bed rails placed.

A review of Resident #1's file showed there was no documentation of a have a bed rail order.

A review Resident #6's file showed the resident did not have a bed rail order.

On at 11:18 AM Staff A stated "Resident's #6's bed was delivered with the full bed rails, the other two we do not know how to take the second bed rail off so we left them that way."

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, observation, and interview the facility failed to maintain and accurate medication observation record (MOR) for 1 out of 5 sampled residents (Resident #2).

Findings Included:

A review of the facility's medication observation record (MOR) for revealed Resident #2 had prescribed , 25 MG for 2:00 PM and , 300 MG at 7:00 PM, at 9:25 AM observed medication observation record was initialed for 2:00 PM and 7:00 PM. Further review of Resident #2's medication packet showed medication pills were inside the packet.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 10:00 AM Staff A stated "No, we made a mistake, that medication should have not been initialed. We have not given Resident #2 the medication, the staff initialed on the wrong time slot."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have an accurate health assessment done by healthcare provider for 1 out of 3 sampled residents (Resident #1).

Findings included:

A review of Resident #1's file revealed the resident was admitted on . The health assessment was not dated. Medical History and Diagnoses: , Chronis Kidney , Major . Physical or sensory limitations: Needs supervision. or behavioral status: Oriented x 3. The resident needed total assistance with ambulation, bathing, dressing; needed assistance with eating, and needed total assistance with self-care (, toileting, transferring). The resident needed medication administration.

On at 10:13 AM Staff A stated Resident #1 is not a hospice resident, she is able to walk with assistance and we assist the resident with self-administration of medication.

Class III