STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R 05/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING, INC	**12735 NORTH MIAMI AVENUE MIAMI, FL 33168**

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

0000 - Initial Comments

A Complaint Investigation second revisit (CCR #2017011062) was attempted on . . . . . , Caring Hands Assisted Living Inc, License #11406, had deficiencies identified at the time of the survey. The facility was closed and the correction of the deficiencies could not be determined:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide written information of significant changes that ended with the use of a , for one of three residents sampled (Resident #5).

Findings included:

Observation on at 10:00 am revealed Resident #5 sat on a recliner, and had a .

Record review revealed that Resident #5's progress notes and/or Observation log did not reflect information on the use of a . . . . . . The progress notes and/or observation log had no information for care and/or assessment.

On at 11:52 am Staff C and H stated, "Resident #5 had that , for a week, and, this week he has a neurologist visit with his son, and he will keep it for four weeks more. The son has the doctor information; we have no documentation in here."

On , a reinspection was attempted. The facility was found closed. Review of an undated note found posted at the site showed that the Owner/Administrator had stated "To: AHCA Inspector, This letter is to notify that we had an medical emergency with the caretaker at this facility and I had to relocate MY 2 PATIENTS HERE to my other assisted living facility around the corner [Facility #2]. Please call me at my cell [telephone number] so I can come provide the documents you are here to inspect."

Uncorrected
Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have the personnel file for two of

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five sampled staff (H). Facility failed to have the employee application information for one of five sampled staff (H)

Findings included:

Observation on [redacted] at 9:57 am revealed Staff H working in the facility.

Record review revealed that Staff H was missing an employee application.

Interview on at 11:26 am Staff C stated, "Staff F is no longer working here; her last day was [redacted]. Then, Staff H starts to work." Staff H confirmed that Staff H did not have an employee application in her file. Staff H stated, "I forgot to add it in Staff H's file."

On [redacted] at 7:00 AM, a reinspection was attempted. The facility was found closed, with a note posted on the door stating "this letter is to notify that we had an medical emergency with the caretaker at this facility and I had to relocate MY 2 PATIENTS HERE to my other assisted living facility around the corner [Facility #2]."

On at 8:14 AM Staff A stated "I am the owner of the ALF. What happened is on the note left on the door. You did not see the note? One of the worker is [redacted] and was [redacted]; I had a medical emergency. The worker couldn't stay, so we transferred the Residents to the other facility.

Uncorrected
Class III

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

Based on observation, record review and interview the facility failed to complete the demographic information for one of three residents sampled (Resident #3).

Findings included:

Observation on [redacted] at 10:10 am revealed that Resident #3 lived in [redacted] #[redacted].

Record review revealed that the emergency contact for Resident #3 was missing from her demographic page.

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On at 10:10 am Staff C stated, "There is a person in charge to fill this form; I do not know why it is empty."

On at 7:00 AM, a reinspection was attempted. The facility was found closed, with a note posted on the door stating "this letter is to notify that we had an medical emergency with the caretaker at this facility and I had to relocate MY 2 PATIENTS HERE to my other assisted living facility around the corner [Facility #2]."

On at 8:14 AM Staff A stated "I am the owner of the ALF. What happened is on the note left on the door. You did not see the note? One of the worker is and was ; I had a medical emergency. The worker couldn't stay, so we transferred the Residents to the other facility.

Uncorrected
Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on observation, record review and interview the facility failed to report an initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident for resident sampled (Resident #5). The resident was transferred from the facility to a unit providing more acute care for an event that was not a part of the resident's condition, which resulted in a or of bones or joints.

Findings included:

On at 10:00 am observed Resident #5 sitting on a recliner with a at his right arm.

Record review on revealed that the facility did not have an incident report regarding the incident.

On at 10:37 am Staff C stated, "Resident #5 slipped and tried to grab but stuck to the edge of his bed and had a on his arm in his ."

Record review revealed that documentation from the Rehabilitation hospital stated that Resident #5 had a .

Record review revealed that Resident #5 had a health assessment (dated) from the hospital stating "Primary : Mechanical with right ." It also stated, "Discharge

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home as per sons request on ; ALF will arrange home health services. Home health services to include RN evaluation/treatment, medication management, /OT evaluation/ treatment three times a week for four times a week."

Interviewed on at 10:41 am Staff C stated that Resident #5 went to the Hospital. In addition, Staff C stated, "He went to rehab."

A review of Resident #5's progress notes (-) and observation log showed no information regarding the resident incident report and/or . The facility, facility did not report the .

Interviewed on at 11:56 am, Resident #5 stated, "I have a , I do not remember well, but I am doing okay. I went to the hospital and I am receiving good care."

On at 7:00 AM, a reinspection was attempted. The facility was found closed, with a note posted on the door stating "this letter is to notify that we had an medical emergency with the caretaker at this facility and I had to relocate MY 2 PATIENTS HERE to my other assisted living facility around the corner [Facility #2]."

At 8:14 AM Staff A stated "I am the owner of the ALF. What happened is on the note left on the door. You did not see the note? One of the worker is , and was ; I had a medical emergency. The worker couldn't stay, so we transferred the Residents to the other facility.

Uncorrected
Class III