

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968250	(X3) DATE SURVEY COMPLETED 04/24/2018
NAME OF PROVIDER OR SUPPLIER CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1750 NW 41 STREET MIAMI, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on , 2018. Calvinelle South Assisted Living Facility Inc. (License # 12229) with Limited Nursing Services and Limited Mental Health components had 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 record review and interview, the facility failed to treat one of 10 sampled residents with consideration and respect. Resident #4 was not allowed to manage her financial affairs. Findings included: On at 10 AM Resident # 4 stated, "The only problem is that my debit card I do not have it. I gave it to [the Administrator] to make a copy and he did not give it back to me." Review of Resident # 4's contract revealed her rent was listed as \$2000.00 monthly. Further review of the Resident's record showed that there was no documentation that the resident had a person appointed as a Power of Attorney or financial guardian. On at 11:20 AM the Administrator stated, "If I give her debit card back to her I am afraid that she will go and buy drugs and will not pay her rent." The Administrator further stated that the residents actually paid \$750.00. Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview ,the facility failed to keep accurate medication observation records for seven out of 10 sampled residents (Residents #2, #3, #5, #6, #7, # 9 and #10). Findings include: Review of the medication observation records (MORs) revealed that Residents #2, #3, #5, #6, #7, # 9 and #10 were missing the , the primary physician's name and the primary physician' phone number.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2018
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On at 345 AM the Administrator stated on the phone that he would fix the medication observation sheet. Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview the facility failed to keep medications secured at all times. Findings included: During tour of the facility on observed at 9:07 AM in # on top of the bedside table a bottle of NutriO2 (cellular enhancement), a bottle of Ultra Omega, a bottle of NAC 600 mg and a bottle of 500 mg, none of them were labeled. Resident # 5 share the Resident # 6. On Resident # 5 stated at 9:08 AM, "those are no medications, those are my supplements." Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview the facility failed to have in place a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Findings included: On at 11:10 AM the Administrator stated that was the payee for 3 out of 10 sampled residents (# 3, #7 and # 9). In an interview on ad 10:00 am, Resident #4 revealed that the Administrator also held her bank card. Review of the surety bond revealed that it was set for \$2000.00 beginning on and expiring on . Review of Residents # 3, #7 and # 9 revealed that the contract amount was \$2000.00 each. On at 11:20 AM the Administrator stated that the insurance company would not let them choose the amount to pay on the surety bond.		

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Class III 0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS Based on record review and interview the facility failed to write the correct monthly amount on the contract for 7 out of 10 sampled residents (#3, #4, #6, #7, #8 #9 and #10) Findings included: Review of the contracts for Residents #3, #4, #7, #9 revealed that the contract amount was \$2000.00 monthly. Resident # 6 pays \$1500.00 and Residents # 8 and #10 said "DCF rate." On 4/24/2018 at 11:20 AM Administrator stated that the residents actually paid \$750.00 each but that the contract was prepared by a lawyer based on a Miami ALF's bed rate. Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview, the facility failed to ensure that one out of 9 sampled staff in direct contact with residents who had a mental health condition received a 3 hour update of the limited mental health training every 2 years (Staff B). Findings included: Review of Staff B's personnel record revealed that the last 3 hour limited mental health update training was completed on 4/24/2018. On 4/24/2018 at 12:30 PM Staff B stated, "I renewed it, I am sure of it." Class III		