STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968320	**04/25/2018**
NAME OF PROVIDER OR SUPPLIER **OUR FAMILY ASSISTED LIVING FACILITY II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1813 SW 150 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. Our Family Assisted Living Facility II (license #12214) had the following deficiencies identified at time at the survey.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to ensure that a home health agency had documentation available to review for one of five (Resident #2)sampled residents.

Findings included:

Record review revealed Resident #2 did not have written information of administration in her file. Resident #2's health assessment diagnosis reflected, Type 2 (DMII). The medication log documents she is scheduled to receive daily.

Interview on at 12:27 PM the Administrator stated she left and it was documented electronically.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have menus posted conspicuously to residents at the time of the survey.

Findings included:

Observation on at 11:20 AM resident were seated at dining table for lunch and served their meals. The dining area where they ate had no menus posted. There were no menus found posted on the walls in the facility.

Interview on at 2:00 PM with Administrator stated "I have the lunch catered and the menu are in file with the catering contract."

Class III

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	AL11968320	**04/25/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a the facility's walls.

Findings included:

On at 9:30 AM the kitchen counter wall had peeling paint.

On the Administrator acknowledged the peeling paint area and stated it would be fixed.

Class III

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

Based on record review and interview, the facility failed to have weights initiated on admission for one out of five (Resident #2) sampled residents.

Findings included:

Review of Resident #2's file showed the facility did not have weights initiated at admission. Resident #2 was admitted on .

On at 1:30 PM the Administrator acknowledged the initial admission weight was not listed in file.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have the emergency management plan reviewed annually.

Findings included:

Record review revealed that the facility did not have a current emergency management plan submitted and/or approved annually.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968320	**04/25/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Interview on at 1:00 PM Administrator stated, "I submitted the plan and have not received the approval yet."

Class III