| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968320 | R<br>06/27/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR FAMILY ASSISTED LIVING FACILITY II, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1813 SW 150 PLACE**<br>**MIAMI, FL 33185** | |

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

**0000 - Initial Comments**

A Follow up visit to a Standard Biennial Survey was conducted on . . . . . Our Family Assisted Living Facility II with license #12214 had deficiencies at the 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 the home health agency's documentation was in the facility for services provided to one out of five sampled residents (Resident #2). Furthermore, the facility failed to ensure that hospice documentation was in the facility for services provided to one out of five sampled residents (Resident #3).

Findings included:

A review of Resident #2's file revealed that the resident was diagnosed with . . . . . Type 2. A review of Resident #2's home health record revealed that the last three administration recorded were dated . . . . , . . . . , and . . . . . There were no records for . . . . and . . . . .

During an interview on . . . . at 10:37 AM, the Administrator stated "Resident #2's nurse has not been in today yet. Let me call her." The Administrator proceeded to call the nurse and stated "the nurse said it is not here, but it is in the home health agency's log."

A review of Resident #3's file on . . . . revealed that the last three plan of cares were dated . . . . , , . The facility did not have a hospice plan of care for the month available for review.

On . . . at 10:40 AM the Administrator called up the hospice nurse and stated "the nurse stated that the plan of care has to be signed, the nurse has it. The nurse is close by here."

Uncorrected Class III

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

Based on observation and interview, the facility failed to have a dated menus posted available for review.

Findings included:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968320** | R<br>**06/27/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR FAMILY ASSISTED LIVING FACILITY II, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1813 SW 150 PLACE**<br>**MIAMI, FL 33185** | |

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

On at 9:10 AM a set of menus were found posted in the dining areas with an effective date and an expiration date of . The menus were not dated.

During an interview on at 9:43 AM, the Administrator stated "the menu is not dated because we have catering service that bring the food. The menu does not change it is always the same."

On at 9:56 AM the Administrator added "I dated the menus for you"

Uncorrected Class III