STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969056	**07/27/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE WEST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2045 NW 26 ST** **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 through , 2018. Calvinelle West ALF Inc. with limited mental health and limited nursing components (License #12908) 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 record review and interview, the Assisted Living Facility (ALF) failed to appropriately discharge one of 14 sampled residents (#14).

Findings included:

Review of facility's internal incident report revealed that Resident #14's admission date was on at 6:40 PM. The resident was angry, yelling and screaming; then he calmed down. At 9:30 PM the resident went to bed. During rounds at 2:30 AM, staff found that the resident had opened the door and eloped over the gate. Law enforcement was called and the resident's case manager notified. The case manager revealed that the resident had a history of elopement and the resident was resistant to living in the ALF and preferred to live on the streets. After the incident, the previous facility did not accept the resident back.

The Facility did not have evidence that Resident #14 received at least 45 days' notice of relocation or termination of residency from the facility. There was no assessment in the records from a physician identifying the resident as needing a higher level of care.

On at 11:03 AM the Administrator revealed that the facility admitted the resident but he eloped few hours later. The administrator did not recall if the facility decided not to take the resident back, or if the resident decided not to return to the facility. The Administrator confirmed that she completed the incident report regarding the incident.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the Assisted Living Facility failed to make, at a minimum, a daily effort to determine that one out of 13 sampled at-risk residents have identification on their persons that included their name and the facility's name, address, and telephone number (#2).

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Findings included:

Review of Resident #2's record revealed that health assessment was completed on . It showed that the resident was at risk of elopement.

On at 3:24 PM Staff B stated Resident #2 did not have identification that included her name and the facility's name, address, and telephone number.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the Assisted Living Facility failed to ensure that unlicensed staff assisted residents with self-administration of medication ordered as needed only after obtaining clarification from primary health care providers for one out of 13 sampled residents (#3).

Findings included:

On at 12:26 PM Staff C revealed that she had just given 1 PM medications to Resident #3.

Review of Resident #3's Medication Observation Record revealed that , 1 mg was ordered, one tablet three times a day as needed. It did not show why the medication should be taken.

On at 4:37 PM Staff J revealed that Staff C was not a licensed staff.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of eight sampled staff completed 1 hour of in-service training within 30 days of employment that covered facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation (Staff B).

Findings included:

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Review of Staff B's personnel record showed a hire date of . There was no documentation that Staff B completed 1 hour of training that covered facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

On at 4:11 PM Staff J stated that he also did not find a record of this training for Staff' B.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the Assisted Living Facility failed to supply the required furnishings in each resident failed to keep appurtenances in good working condition.

Findings included:

On at 9:11 AM observed that # 's closet had a missing door. # did not have a closet or wardrobe.

On at 4:58 PM Staff J stated that the facility fixed the closet door in # . The staff knew about the missing closet or wardrobe in # and stated that it would be fixed.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to identify the place from which the resident was admitted for one out of 13 sampled residents (#3). The facility also failed to have identification of the address to which the resident was discharged documented on the log for four out of 13 sampled residents (#4, #5, #6 and #7).

Findings included:

Review of the admission and discharge revealed that Resident #3's admission date was . There was no documentation about the place from which the resident was admitted.

A review of the admission and discharge log showed Resident #4's admission date was and discharge date was on . There was no documentation of where Resident #4 was discharged to.

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Resident #5's admission date was and discharge date was incomplete; it showed 10/_/17. There was no documentation of where Resident #5 was discharged to and the reason for discharge. Resident #6's admission date was and discharge date was on . There was no documentation of where Resident #6 was discharged to. Resident #7's admission date was and discharge date was on . There was no documentation of where Resident #7 was discharged.

On at 4:56 PM Staff I and J did not comment when asked about the missing data on the admission and discharge log.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that a personnel record for one out of eight sampled staff had an employment application with references (Staff D) .

Findings included:

Review of the facility's employee roster in the background screening database showed that Staff D's hire date was .

Review of Staff D's personnel record revealed that there was no documentation of an employment application.

On at 4:05 PM Staff J revealed that he did not find the job application for Staff D.

Class III

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

Based on record review and interview, the Assisted Living Facility (ALF) failed to have updated the resident demographic data for one out of 13 sampled residents (#9). The facility also failed to provided documentation of a resident's contract with the facility that showed that actual monthly fee for one of 13 sampled residents (#1) .

Findings included:

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Review of Resident #9's demographic sheet showed that it did not contain the name or telephone number for the resident's guardian/representative.

On [redacted] at 4:41 PM Staff I revealed that the guardian listed on Resident #9's demographic data sheet changed.

Review of Resident #1's record revealed that the resident's contract with the facility was signed on [redacted]. It showed that monthly fee was $2000. There was a note on the bottom of the agreement that stated, "ALF accepts current resident's income with no additional charge to resident."

Review of income and expense log revealed that Resident #1 paid $1800 monthly.

On [redacted] at 3:15 PM Staff J stated that Resident #1 paid $1800 monthly, and that the resident agreement was not showing the right monthly rate.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, the Assisted Living Facility failed to list one of eight sampled staff on its roster in the Background Screening Clearinghouse within 10 business days of hire (Staff E).

Finding included:

On at 12:22 PM Staff E stated she worked in the facility since 2018, from 7 AM to 5 PM, 2 days per week.

Review of Staff E's personnel record revealed that the hire date was .

Review of background screening database revealed that the facility did not add Staff E to the employee roster.

Unclassified