STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964241	08/30/2018
NAME OF PROVIDER OR SUPPLIER **CHARITY HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 W 48TH STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2018 and concluded on , 2018. Charity Home ALF, Inc. (license #9022) with a limited mental health component had the following deficiencies identified at the time of the survey:

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

Based on observation, record review and interview, the facility failed to follow its own policies and procedures regarding elopement for one of five sampled residents (#3). The facility also failed to show action taken after Resident #3 eloped.

Findings included:

Review of resident file found a police report dated for missing person incident. The resident Observation Log had no notes documenting the incident. The elopement risk assessment was dated . The facility did not have Resident #3 reassessed after she eloped on .

Resident #3's Health assessment dated showed she had an undefined condition. There was no documentation of an updated risk assessment completed after the resident eloped.

A review of facility records showed that there was no documentation that any elopement drills had been conducted.

Review of the facility's elopement policy showed: "In addition, the facility is to conducted (at a minimum) a drill per month with all staff members.
Upon admission all residents are to be mentally assessed by psychiatrist to determine the propensity of elopement and identify possible reasons why. revealed "the facility will will identify residents that have potential to be an elopement risk.
If resident is found to be at risk for elopement he/she shall be identified so staff can be alerted to their needs for support and supervision.
If any resident is found to be ar risk he/she will be given an identification bracelet that includes name, facility name, address, and telephone number.
If any resident is found missing, staff must immediately begin search around facility.
If resident is not found on premises, staff is to notify authorities and administrator immediately.
Administrator is to gather a search party and begin search around neighborhood covering a 10 immediately.

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Administrator is to contact responsible party immediately and inform of the situation. A police report is to be filed immediately and obtain for the records. A incident /accident report is to be completed and filed immediately by staff and/or administrator."

On at 1:30 PM the Administrator stated, "She was at the church, around 5 PM. One of the members gave her a bus pass and she left the church. She took the bus and went to the train station and she sat at the station talking to security. I called the police and she called 5 minutes later. She called around 7 something and said she was sitting at the train station looking a the people. I spoke to with the security and he told me where she was. I left to pick here up. Before I left the police said they wanted to see her physically. When I came back to the facility the police was still here. Then they gave me the report".

The Administrator, when asked if Resident #3 was assessed by a health care provider or if she was assessed for elopement and if other actions were taken incident to prevent reoccurrence, the Administrator stated on at 1:45 PM, "No she did not go to the hospital. I went to pick her up and she was fine. This had never happen to any of my residents before. I did not implement anything."

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 obtain a surety bond when the Administrator was the payee for one out of five sampled residents (#3) .

Findings included:

On . . . . at 11:07 AM, Resident #3 stated that the Administrator handled her finances.

On . . . . . at 12:50 PM the Administrator stated, " I am the payee for Resident #3. No, I do not have a surety bond. I will have to get it."

Class III

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

Based on record review and interview the facility failed to conduct two elopement drills per year.

Findings included:

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Review of the facility's elopement policies, procedures and records showed no documentation of elopement drills.

On at 12:50 PM the Administrator stated, "It is at my house."

Class III

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

Based on record review and interview the facility failed to submit a 1 day and 15 day completed adverse incident reports after Resident #3 eloped.

Findings included:

Review of facility and resident records showed that Resident #3, admitted on , eloped from the facility on . On at 1:30 PM the Administrator stated, "She was at the church. around 5 PM. One of the members gave her a bus pass and she left the church. She take the bus and went to the train station and she sat a station talking to security. I call ed the police and she called 5 minutes later. She called around 7 something and said she was sitting at the train station looking a the people. I spoke to with the security and he told me where she was. I left to pick here up. Before I left the police said they wanted to see her physically. When I came back to the facility the police was still here. Then they game me the report."

Further review showed there was no documentation of the incident in Resident #3's record. Health assessment dated showed that the resident had a condition. A review of the adverse incident database found no report was filed when Resident #3 eloped.

On at 2:30 PM the Administrator stated she did not submit the incident report because the Resident did not elope, she used to go out by herself and she was found the same day.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview and record review, the facility failed to be in compliance with the detailed emergency environmental control plan.

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Findings included:

Observation on between 9:00 am and 4:45 pm showed that the facility did not have a generator or alternate power source. The facility did not have any fuel onsite. The facility did not have written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility did not provide documentation that the residents were notified of the implementation of the plan.

On a 1:23 PM the Administrator stated "I was working on all of that. It's at my house. I don't live to far. I have two options, Appointment with the city about gas; 2nd option the tank I take to place and get it fill."

Review of documents submitted to the Agency for Health Care Administration for licensure showed that the facility stated a generator was in place, and that the emergency environmental control plan had been fully implemented as of , 2018.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility failed to ensure that one of four sampled staff received 3 hours of continuing education training for Limited Mental Health (LMH) (B).

Findings included:

Record reviewed revealed that Staff B's (hired) last three hour update LMH training was dated and expired on .

On at 4:15 PM, the Administrator acknowledged Staff B did not have the update for the LMH training.

Class III

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

Based on record review and interview the facility failed to have two out of out of four staff members listed on its roster in the Background Screening Clearinghouse Database (C).

Findings included:

A review of the fadility's roster in the Background Screening Clearinghouse Database found Staff C was not listed. Further review found that Staff C had an eligible level II background screening dated . . . . . .

On . . . . . at 3:30 PM the Administrator stated, "The computer would not let me add her."

Unclassified