STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969108	**08/02/2018**
NAME OF PROVIDER OR SUPPLIER **AN EXCELLENT CARE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16251 SW 248TH ST** **HOMESTEAD, FL 33031**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . An Excellent Care ALF license #12933 had the following deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of a satisfactory annual health inspection.

Findings included:

A review of the facility's bulletin board showed that there was no health inspection posted.

On at 11:12 AM Staff A acknowledge she did not have a current health department inspection.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have documentation of freedom from communicable . . . . . and failed to have a negative annual . . . . . examination verification for two out three sampled staff (Staff B and C).

Findings included:

A review of Staff B's personnel file revealed that there was no documentation of a freedom from communicable . . . . . statement.

A review of Staff C's employee file showed the last negative . . . . . examination was completed on .

On at 12:43 PM Staff A stated "I will make sure the staff completes their physical examination, I have been working on the files and I forgot about renewing them."

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Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have six of training before assisting with self-administered medication.

Findings Included:

A review of Staff B and C's employee file showed an initial four hours of training. There was no documentation of the additional 2 hours of training in updated topics related to assistance with self-administered medication.

On at 12:45 PM Staff A stated "We will schedule the classes as soon as there is available space, most of the classes are full."

Class III

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

Based on observation, record review, and interview, the facility failed to have an accurate and or complete health assessment for 2 out of 2 sampled residents (Residents #1 and #2).

Findings included:

On at 9:38 AM observed Resident #1 in bed with full bed rails.

A review of Resident #1' health assessment dated documented the resident needed assistance with all activities of daily living and there was no documentation the resident had a ,

A review of Resident #1's hospice care plan in file dated , documented the resident received care for a , on the right 3 x a week.

A review of Resident #2's health assessment showed there was no date documented and did not indicate if the resident was an elopement risk.

On at 1:00 PM Staff A stated "I will tell the doctor to complete a new health assessment for

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the residents. Resident #1 is bedbound and she is not able to ambulate with assistance."

Class III