STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968718	**08/02/2018**
NAME OF PROVIDER OR SUPPLIER **ADA RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **759 SW 99 CT CIR** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on , 2018. Ada Residences, Inc (license #12596) had the following deficiencies identified at time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to dispose of medications abandoned within 30 days for one of five sampled residents (#5).

Findings included:

On at 9:00 AM, observed in the common refrigerator, an unlocked box containing suppositories and two pens.

On at 12:15 PM the Administrator stated, "It is the medication for a hospice resident which three months ago."

Class III

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

Based on observation and interview the facility failed to ensure that medications were properly labeled.

Findings included:

On at 9:00 AM observed in the refrigerator a box, unlocked with suppositories and two pens. The medications were not labeled with a name identifying who they belong to.

On at 12:15 PM the Administrator stated, "It is the medication for a hospice resident which three months ago." Review of the admission and discharge log document Resident #5 admitted was discharge on .

Class III

0082 - Training - / - 58A-5.0191(4) FAC

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

Based on record review and interview, the facility failed to ensure that one of four sampled staff received / . . training (D) .

Findings included:

A review of Staff D's personnel file showed no documentation of two hour training regarding / . .

On . . . . . at 3:00 PM, the Administrator acknowledged that Staff D did not have the training.

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 ensure that two out of six sampled staff received 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (C & D).

Finding included:

Personnel record review found Staff C's 4 hours of medication training was completed on and Staff D's 4 hours medication training was dated . . . . . Neither record contained documentation that the staff did received an additional 2 hours training, required as of . . .

On at 3:30 PM with Administrator acknowledge they did not have the required medication trainings.

Class III

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

Based on observation and interview, the facility failed to maintain a safe living environment for a census of four residents.

Findings included:

On at 9:00 am, observed peeling paint on the ceiling porch at the entrance of the facility. The back patio area cluttered with debris (bed frames and old wheelchairs).

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NAME OF PROVIDER OR SUPPLIER **ADA RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **759 SW 99 CT CIR** **MIAMI, FL 33174**	

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

On at 3:00 PM, the Administrator stated, "My husband will clean it up right now."

Class III

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

Based on record review and interview, the facility failed to have an updated admission and discharge log.

Findings included:

Review of the admission and discharge log showed that the dated admitted, and place from which admitted were not listed for Resident #1 and 4.

On at 3:00 PM, the Administrator acknowledged the deficiency.

Class III

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

Based on record review and interview, the facility failed to have a signed Attestation of Compliance with Background Screening requirements on file for one out of four sampled Staff (C).

Findings included:

Review of the employee files found Staff AC's (hired) did not contain a signed attestation of compliance with background screening requirements.

On at 3:00 PM with the Administrator acknowledged that the Attestation was not signed by Staff C.

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