STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	**08/02/2018**
NAME OF PROVIDER OR SUPPLIER **DADE COUNTY ADULT LIVING FACILITY GROUP CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **15135 SW 128 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . Dade County Adult Living Facility Group Corp with Limited Mental Health component (Lic # 11497) had the following deficiencies at the time of the survey:

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

Based on record review, and interview, the facility failed to provide an additional 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of three (Staff B) sampled staff.

Findings include:

Staff record review showed Staff B had no documentation that she received an additional 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Interview conducted on . . . . . at 1:40 PM, Administrator confirmed that Staff B did not receive the additional 2 hours of continuing education training.

Class III

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

Based on observation, record review, and interview, the facility failed to have an accurate health assessment for one out of six sampled residents (Resident #3) . The facility also failed to obtain a written physician's order for the use of half-bed rails for one out of six sampled residents (Resident #3)

Findings include:

1) Observation on at 12:00 PM showed Resident #3 eating puree.

A review of Resident #3's health assessment dated indicated the resident needed no added salt/low fat diet.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 1:45 PM, Administrator stated that she will contact Resident's #3 physician to complete a new Health Assessment.

2) Observation on at 9:15 AM showed that Resident #3 had half bed rails attached to her bed.

Resident's #3 record review showed that the there was a written physician's order for the use of full rails dated .

On at 1:20 PM, the Administrator confirmed the findings and stated, "I do not have the physician's order for the half bed rail in her record".

Class III

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review, and interview, the facility failed to provide documentation of the Comprehensive Emergency Management Plan (CEMP) approval.

Findings included:

A review of the facility's record showed the facility did not have the last Emergency Management Plan approval letter. The last approval letter on file was dated .

On at 1:45 PM,the Administrator stated the facility submitted a correction of the emergency management plan after and they had not received the approval letter yet.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to update the annual community living support plan for two out of six (Resident #4 and #5) sampled limited mental health residents.

Findings included:

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

Record review showed Resident #4 was admitted to the facility on . The Health Assessment done on indicated the physician diagnosed the resident with , . The annual community living support plan was done on . Resident #5 was admitted to the facility on . The health assessment done on indicated the physician diagnosed the resident with , . The annual community living support plan was done on .

Record review showed that Resident #4 and #5 received , , ( ) payment.

On at 1:20 PM, the Administrator stated that she would contact the physician to update the annual community support plan for Residents #4 and #5.

Class III