STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	**09/04/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12735 NORTH MIAMI AVENUE MIAMI, FL 33168**	

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

0000 - Initial Comments

A complaint (CCR #2018011706) survey was conducted on , , 2018. Caring Hands Assisted Living, Inc. with a standard license number 11406, had the following deficiencies identified at the time of survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the facility failed to provide one of two sampled residents (Resident 1) with an environment free of physical as required by law. Resident 1's bed had full rails. Facility failed to provide at least 45-Days' notice of termination of residency from the facility to one of two sampled residents (Resident 2).

Findings included:

1)
On , , 2018 at 7:05 am, observed Staff A assisting Resident 1 transfer from living ; observed Resident 1's bed with two 1/2 rails on the left side of the bed, which created a full bed rail. The resident was not able to remove the rails without staff assistance.

On , , 2018 at 7:05 AM, Staff A stated, "We put the rails up and down for the resident, we do it for precaution."

Resident 1's records showed a signed doctor prescription for 1/2 bed rail dated .

2)
Facility record review of Admission/Discharge Register showed no resident names with an admission date in the year 2018.

On , , 2018 at 9:10 AM, the Owner stated, "I cannot recall who was at the facility in the last previous months; if you do not provide me with a name, I cannot talk about someone that I do not know who it is".

On , , 2018 at 9:20 AM, in reference to closed resident's files, the Owner stated, "I have all the files in a storage, not at the facility".

On , , 2018 at 11:17 AM, the hospice nurse stated regarding Resident #2, "When the

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resident moved, less than a week later, the owner contacted the wife and told her that she needed to pay extra because he needed more care than what he expected. He was rude; I think he wanted to charge her $300 or $500 more. He told her that if she did not want to pay the extra money he had no choice to call 911 to transfer him to a hospital and she could pick him up there. The owner stated over the phone yelling to the wife in Spanish, 'You liar old lady, you bring me the money right now or I send him to a hospital'. He told me that the wife had a 1 million dollar home and drove a Mercedes Benz; I told him, So, you are raising the price because you think that she can pay it? How do you know this? and he said, 'Because I checked in the Internet' ".

On , 2018 at 12:12 PM, Resident 1's family member stated regarding Resident #2, "I saw a resident there for a week or two; I asked one of the staff who work there who told me that the resident left because he was there temporary. Staff A said that the resident was going to another place because needed a higher level of care."

On , 2018 at 12:30 PM, Staff A stated, "People pass by here to see the facility and speak to the owner but no one has stayed as a resident in a long time."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to notify within 5 business days in writing each resident and the resident's legal representative of the existence of the generator. The facility failed to provide proof of monoxide detectors as required by law.

Findings included:

Record review in the system on the facility finder showed that the facility implementation date was 01, 2018.

Record review of all residents showed no written notice of equipment.

On , 2018 at 7:15 AM, observed no monoxide detectors inside the facility.

On , 2018 at 10:25 AM, the Administrator acknowledged that the facility had generator deficiencies.

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to provide proof of a signed Attestation form as required by law for one of five sampled staff, (Staff D).

Findings included:

Review of Staff D's record, showed a hire date of and a background screening eligible date of . No proof of signed attestation form found on file.

On , 2018 at 12:45 PM, the Owner acknowledged that the document was missing from the staff's record.

Class III

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on record review and interview, the facility failed to provide access to all resident records that should be readily available at the licensee's physical address for review by a legally authorized entity and kept for two years as required by law.

Findings included:

Review of facility's Admission/Discharge Register did not show all previous residents.
Records of all previous residents not available. Records were stored at a different location.

On , , 2018 at 9:20 AM, the Owner stated, "I have all the files in a storage, not at the facility".
At 9:10 AM, the owner stated, "I cannot recall who was at the facility in the last previous months; if you do not provide me with a name, I cannot talk about someone that I do not know who it is".

Unclassified