| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967227** | **09/13/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**J H PUIG INVESTMENTS INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3144 SW 21 STREET**<br>**MIAMI, FL 33145** | |

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

**0000 - Initial Comments**

A Limited Mental Health expansion survey was conducted on , 2018. J H Puig Investments, Inc. with a standard license number 11319, had the following deficiencies identified at the time of survey:

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on record review and interview, the facility failed to assure that the Assistant Administrator for the facility did not serve as an Administrator of another facility as required by law.

Findings included:

Review of the facility's roster in the background screening clearinghouse database showed the Assistant Administrator's hire date as also acting as Administrator at another facility with a hire date of .

On , 2018 at 10:10 AM, the Assistant Administrator acknowledged the deficiency.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC**

Based on record review and interview, the facility failed to provide documentation of the minimum 2 hours required preservice orientation for two of five sampled staff (Staff C and D) prior to staff interacting with residents.

Findings included:

On , 2018 from 7:00 AM to 10:20 AM, observed Staff C and D assisting residents with their activities of daily living.

Review of Staff C's record showed a hire date of . There was no documentation of the minimum 2 hours required preservice orientation.

Review of Staff D record showed a hire date of . There was no documentation of the minimum 2 hours required pre-service orientation.

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

On , 2018 at 10:10 AM, the Assistant Administrator acknowledged the deficiency.

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 provide documentation of two additional hours of additional training on assisting with self-administered medication training in compliance with the state regulation update effective , 2018, for two of five sampled staff (Staff A and B).

Findings included:

Review of the Administrator's record showed a hire date of . Review of Staff B's record showed a hire date of . Review of Staff C's record showed a hire date of . Review of Staff D record showed a hire date of .

On , , 2018 at 10:10 AM, the Assistant Administrator acknowledged that the staff needed the additional required hours.

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, with appurtenances in good working order. Closet doors in a resident broken.

Findings included:

On , , 2018 at 7:05 AM, observed the closet doors in 3 broken.

On , , 2018 at 7:05 AM, Staff D acknowledged the issue and stated that the owner was already aware of the problem and that they were in process of making the repair.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER<br>**J H PUIG INVESTMENTS INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3144 SW 21 STREET**<br>**MIAMI, FL 33145** | |

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

Based on observation, record review and interview the facility failed to store a minimum fuel supply (48 hrs.) onsite. The facility also failed to notify, within 5 business days in writing, each resident and the resident's legal representative of the existence of the equipment. The facility failed to implement the emergency power plan by the date they identified: , , 2018.

Findings included:

On , , 2018 at 7:10 AM, observed a portable generator stored inside a shed. No gas was observed.

A review of the facility's Consumer Friendly Summary on the Florida Health Finder Database showed that the Emergency Power Plan implementation date was . The facility had not requested an extension.

Review of all resident records showed no documentation that written notice of emergency power equipment had been given to them or their representative.

On , , 2018 at 7:20 AM, the Administrator stated, "I'm going to purchase the gasoline because the gasoline cannot be there too many days, it goes bad".

On , , 2018 at 10:10 AM, the Manager acknowledged all the deficiencies.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on record review and interview, the facility failed to update it's roster in the background screening clearinghouse to reflect any changes in status within 10 business days for one of five sampled staff (Staff E).

Findings included:

Review of the facility's roster in the background screening clearinghouse showed Staff E with a hire date of and eligible level II background screening dated . Review of last employment date showed .

On , 2018 at 7:55 AM, the Assistant Administrator confirmed, "Staff E is no longer with us."

Unclassified