

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966547	(X3) DATE SURVEY COMPLETED R 10/16/2018
NAME OF PROVIDER OR SUPPLIER ADA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 NW 122 Place MIAMI, FL 33182	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/10/2018. Ada ALF Inc with License #10770 had deficiencies at the time of the 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 honor the right of one out of eight sampled residents (Resident #4).

Findings included:

During the facility's tour on _____ at 8:36 AM, Resident #4 was observed laying on a regular _____ bed with a large recliner in front of the bed.

A review of the residents' record on _____ showed the facility had a health assessment on file for Resident #3 dated _____ stating that Resident #3 needed supervision at all times, and assistance with ambulation, bathing, dressing, _____, eating, toileting, and transferring.

During an interview on _____ at 8:46 AM, Staff D stated "I don't know why the chair is there ask the Owner, she is coming." The owner stated "Staff D made a mistake; the resident sleeps well she doesn't need the chair."

Class III

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

Based on record review and interview, the facility failed to have a completed and accurate demographic sheet on file for two out of eight sampled residents (Resident #7 and #8).

Findings included:

On _____ at 8:36 AM, Resident #7 was observed in the TV/lounge area watching TV and Resident #8 was observed in the dining _____ breakfast.

A review of the residents' record on _____ revealed that the facility did not have a completed demographic sheet with a date of birth and emergency contact in file for Resident #7 and a demographic

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966547	(X3) DATE SURVEY COMPLETED R 10/16/2018
NAME OF PROVIDER OR SUPPLIER ADA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 NW 122 Place MIAMI, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
sheet with information for emergency contact for Resident #8. The facility did not have either a dated of health assessment in file for Resident #7. Class III		