STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **ALL DUNN ASSISTANT LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5726-28 LINCOLN STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2018 for All Dunn Assistant Living, Inc., License #12606. The facility had deficiencies identified at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review, and interview, it was determined that the facility failed to maintain accurate and up-to-date Medication Observation Records (MORs), for 6 of 6 resident medication records reviewed.

The findings include:

On , a random review of the MORS was completed; the review yielded issues. Further, review of the MORS revealed that medical diagnosis were not recorded on the medication observation record for all of 6 sampled residents.

During an interview with the facility Administrator on 11/ at 2:13, acknowledged aforementioned . The facility Administrator stated that she did not know the diagnoses were missing .

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure qualified staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The facility also failed to maintain documentation of a negative examination documented on an annual basis, for three out four (Staff A and C) sampled staff records reviewed.

Findings included:

Record review of Staff A, and C's file revealed it did contain a written statement documenting the individual does not have signs and symptoms of communicable and proof of a negative examination documented on an annual basis. The last statement and proof of a negative examination for Staff A was dated and expired on . The last statement and proof of a negative examination for Staff C was dated and expired on .

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During an interview with the facility Administrator on 11/ at 1:50pm, aforementioned was acknowledged.

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 ensuring that Three of four sampled employees, (Staff A, B, and Staff C) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings include:
Record review of employee file found that Staff A; hired on , Staff B hired on and Staff C hired on did not complete the following required in-service training for the following:

1. Facility's elopement response policies and procedures
2. Resident rights
3. Recognizing and reporting resident , neglect, and ,
4. Control Training
5. Emergency preparedness & Evacuation training
6. Incident reporting training,
7. P & P training,
8. Nutritional & Safe Food Handling
9. Training
10. 2 hour Medication Update

During an interview with the facility administrator on at 2:34pm, The administrator stated that she believes Staff A, B and C has completed the required trainings over the internet; it just haven't been printed yet, and that she is not good with computers.

Class III

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

Based on record review and interview the facility failed to provide documentation of the employment application with references for four out four (#A, B, C, and administrator) sampled staff.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review of employee files found that Staff A; hired on . . . . . and facility administrator; hired on did not have an application and references on file.

During an interview with the facility Administrator on 11/ . . . . at 2:34pm, the findings were acknowledged. The facility administrator also stated that she would make sure to have all of her employees complete an application with references.

Class III

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

Based on record review, it was determined that the facility failed to ensure that the Comprehensive Emergency Managment Plan (CEMP) was submited to the local Emergency Managment Division annually for review and approval.

The Findings Included:

On at approximately 1:00 PM, the CEMP was requested from the Administartor. The Administrator advised that she had not recieved the CEMP back from the county. The Administrator was unable to provide proof of the latest CEMP that was reviewed and received from the county. The Administrator further stated that she could not provide any CEMP at this time. The Administrator acknowledged the findings and provided no further explanation and doucmentation during the time of they survey.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interviews, observations and record review the Assisted Living Facility (ALF) failed to comply with the following regulatory requirements related to the environmental control plan:

A. Develop written policies and procedures to ensure that the facility could effectively and immediately activate their alternative power source and ensure the safety and wellbeing of the residents upon loss of primary electrical power.

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

B. Provide written notification within 5 business days to residents and/or representative upon emergency power plan submission for review and upon final implementation of the plan.
C. Obtain a monoxide alarm onsite to ensure the safety of the residents while activating an alternate power source.
D. Store minimum amounts if fuel onsite as required to maintain temperatures at or below 81 degrees Fahrenheit.

The findings include:

During a tour of the facility, in regards to the Emergency Power Plan, with the facility Administrator, there was no fuel was observed on site. During an interview with the facility Administrator on 11/ at 1:54pm, it was stated that the fuel that was in the tanks were used for her personal vehicle, because there was no emergency.

A record review of the facility's emergency plan folder did not contain a policy and procedure related to their emergency environment control plan. A record review of the facility's emergency plan on , revealed that the facility did not have acquired services (or a process) necessary to maintain and test the alternate power source.

During a tour of the facility, in regards to the Emergency Power Plan, with the facility Administrator, one non-working monoxide detector was observed.

During an interview with the facility administrator on at 1:59pm, The facility administrator stated that she was counting the facilities smoke detectors as monoxide detectors, and that she made a mistake in doing so.

During an interview with the facility administrator on at 2:05pm, The facility administrator stated that the facility was granted an extension till , 2019. During a record review of The Agency for Healthcare Administration Emergency Power Plan Summary Report on 11/ , it was revealed that as of at 8:02am, the facility did not request an extension for their Emergency Power Plan.

Class III