STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969132	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **M & Y ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21940 OLD CUTLER RD** **MIAMI, FL 33190**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/ . . M & Y ALF Inc. (license #12970) with Limited Mental Health component had deficiencies identified during the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services appropriate to adequately meet the needs of residents in care of four out of five (Residents #s 1-4. The facility failed to have interventions in place to prevent residents with precautions from sustaining injuries due to for two out of five sampled residents (Residents #3 and #4). Resident #4 sustained a that resulted in a hip . The facility failed to provide evidence of sufficient staff employed at the facility to provide care and services for a licensed capacity of 6 residents.

Findings included:

1) On at 9:11 AM interview with Staff B revealed, "Around 6:00 PM, Resident #4 was trying to get from the her bed and she as she was getting to her bed. No the resident has a walker she usually walks from the her bed. I called the owner and we called the emergency department."

A review of Resident #4's progress notes dated documented: the resident got up to go to the when retuning to the bed, she . 911 was called and the resident was taken to be hospitalized.

Review of the hospital record showed the resident was admitted on at 20:34. The assessment/plan documented: 'This is a female who was in her usual state of health until she sustained a mechanical at her assisted living facility of her residence resulting in an acute closed left hip . Her is unstable with significant displacement amendable to surgical fixation. Patient and family understands that ideally this type of should be treated surgically to allow for early mobilization and weight bearing activities thus preventing risk of , , , and , .'

On at 12:20 PM the Administrator stated "Resident #4 had a last week on Wednesday. She had a walker and was able to ambulate with the walker. I am not sure where she is currently." The Administrator contacted the hospital and she was informed the resident had been discharged and was currently at a rehabilitation center.

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A review of Resident #4's health assessment showed the resident was admitted on . . . . . The health assessment dated showed a medical history and diagnoses of: High , , chronic kidney . . . . . , sleep . , . . . , generalized . . . . . , , ... eye, , , , , , , , / , , , . Physical or Sensory Limitations: walking limitation secondary to . . . . . or behavioral status Alert. Nursing/treatment/ , , service requirements: physical , , / as needed. Special Precautions: . precautions. The resident needed assistance with ambulation, needed supervision with bathing, dressing, eating, self-care ( ), toileting, and transferring. The resident needed assistance with self-administration of medications.

2) On . . . . . at 10:50 AM Resident #3's brother stated "I went to the facility yesterday, and I think they should have two people working. My sister often, she had a 5 days ago. I always see the same lady working there all day. "I think there needs to be more staff to help the residents."

A Review of Resident #3's progress notes dated . . . . . , documented: The resident lost her balance and she . 911 was called but they checked her and everything was fine, they did not take her to the hospital.

On . . . . . at 3:32 PM Resident #3's brother, he stated, "I removed my sister from the facility because she was having too many . The facility only has one staff person and at one point they had six residents. They had another resident that . , and the care they provided to my sister was not good. She had a about a month ago, she was sent to the hospital, and she just had a last week."

A review of Resident #3's file revealed the resident was admitted on . The health assessment dated . . . . . , documented medical history and diagnoses of : . . . . . , Gait Disturbance, , major , , , , , high . . . . , ... , ... Physical or Sensory Limitations: major . . , ... , . . . , . , or Behavioral status: Alert, well oriented. Nursing/treatment/ , , service requirements: physical . . . , , as needed. Special precautions: . precautions. The resident was independent with ambulation, toileting, and transferring, needed supervision with bathing, dressing, eating, and self-care (. . .).

3) Facility tour on . . . . . at 8:58 AM found one staff member in the facility with a census of five residents including a resident under hospice care.

Record review found Resident #1's health assessment dated documented the resident had

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and was bedbound. Resident #1 required total care with all activities of daily living.

A review of the facility's staffing schedule showed two staff members each working a 12 hour shift alone.

On at 11:04 AM Resident #2's daughter stated, "I feel that there is not enough staff for all the residents. They have three residents now, but before they had six people and they only had one staff for all of them. As result they had one resident that and went to the hospital and my sister in law also has had several . They should have two people working. I always see the same lady taking care of all these people. I just feel the staff is overworked and they need two people working in the facility."

On at 9:48 AM when the Administrator was asked to show documentation of staff working in the facility, she stated, "We do not have time sheets, I would have to ask Staff B, if she keeps any record of her time."

A review of the admission and discharge log revealed:
Resident #4 was admitted on and was discharged to the hospital on .
Resident #5 was admitted on and was discharged to the hospital on and .

The admission and discharged log revealed from , , , , , and , the facility had a total of 6 residents.

Class II

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have an up-to-date admission and discharge log.

Findings included:

A review of the facility's admission and discharged log listed Resident #4 Admitted on and Resident #5

Admitted on . The facility did not document place where the residents were discharged to.

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On at 9:15 am Staff B stated Resident #4 was in the hospital due to a the resident suffered on .

On at 9:20 AM Staff B revealed Resident #5 was sent to the hospital on .

Class III

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

Based on record review and interview the facility failed to have weight records for one out of five sampled residents (Resident #1).

Findings Included:

A review of Resident #1's records revealed the resident was admitted on and the only weight record was on , /2018.

On at 10:00 AM Staff B stated that the resident was under hospice car and they are the ones that weight the resident.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to obtain the required fuel to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. The facility failed to acquire a service or process to maintain and test the alternate power source. The facility failed to develop a written policy or procedure ensuring the alternate power source can be effectively operated and maintained.

Findings:

On at 12:05 AM a record review revealed that the facility didn't have a process and procedure to maintain and test its generator. Additionally, the facility did not have a written policy and procedure which instructed staff on how to operate and maintain the generator in the event of an emergency.

at 12:10 PM an observation revealed the Owner and the Administrator removing a new

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generator from its box. The staff members were observed wheeling the generator through the facility and out the back door. The generator was placed in a storage shed in the rear of the facility.

On [redacted] at 12:40 PM, in an interview, the Administrator stated the facility did not have any fuel onsite to run the generator. The Administrator said the required fuel would be purchased and transported to the facility in the event of an emergency.

On [redacted] at 12:40 PM, in an interview, the Owner stated she was not aware the facility needed to have more than a "sign in maintain log" to document that the generator was being tested. She said she didn't know a plan and instructions on how to operate the generator had to be created.

Class III