STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967492	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **ALWAYS LOVING FAMILY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4394 SW 151 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . . . . . Always Loving Family Corp., with a limited mental health component, license #11522, had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to complete a medical examination 60 days before or within 30 days of 1 out of 5 sampled resident's admission (Resident #2).

Findings as follow:

A review of Resident #2's record showed the facility had no a Health assessment for this resident admitted on . . . . . , available for review.

On at 9:40 AM, Staff B stated the facility had no health assessment for Resident #2 because the family had not provided it. Staff then requested the health assessment from Resident #2's family by phone.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview the facility failed to determining the appropriateness of admission to the facility of 1 out of 5 (Resident #2) residents and also failed to determining its continued appropriateness of residence in the facility by not completing a face-to-face examination by a health care provider upon admission and after a significant change occured. The facility also failed to have an accurate health assessment for 1 out of 5 sampled residents (Resident #1).

Findings as follow:

On at 9:05 AM Resident #2 was observed in bed with full bedrails upright. At 12:35 PM Staff B was observed feeding the resident in bed.

Record review showed the facility had no health assessment for Resident #2, admitted on . . . . . .

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Record review showed Resident #1's health assessment dated . . . . . did not specify the type of assistance the resident needed with medications.

On . . . . . at 9:15 AM Staff B stated a Nurse from Hospice came to administer the medications to Resident #1. At 12:45 PM, Staff B stated Resident #2 walked when she was admitted to the facility. Staff stated that now, Resident #2 was bedbound and that she bathed, dressed and fed the resident in bed.

On . . . . . at 9:30 AM the Registered Nurse who was observed in facility assisting resident stated he administered medications to resident #1, 2 times a day.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS 429.27

Based on observation, record review and interview the facility failed to respect 1 out of 6 (Resident #2) residents' rights by having resident in bed with full bed rails which the resident could not remove without staff assistance, and without a prescription for its use.

Findings as follow:

On . . . . . at 9:05 AM Resident #2 was observed in bed with full bed rails in upright position in both sides of the bed. The resident could not remove the rails.

Resident #2's record review showed the facility had no bed rail prescription available for review.

On at 10:00 AM Staff B stated the facility had no order for the use of bed rails but they use it to avoid resident . . .

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review and interview the facility failed to ensure that only licensed staff administered medications to 1 out of 5 sampled residents (Resident #2). Resident #2's medications were administered by a staff member that was not licensed to do it.

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Findings as follow:

On at 1:15 PM Staff B was observed administering , 5 mg tab take 1/2 tablet oral 2 times a day(1 PM and 8 pm) to Resident #2. Resident #2 was in bed. Staff B washed her hands, put gloves on, took the , a cup and a glass of water to # where resident was. Told resident that was going to take the medications, dropped the medication into the cup from the , prompted the medication to Resident, gave the cup to the resident, Resident grabbed the cup,but seemed do not knowing what to do with the cup , Staff encouraged Resident to take the medication, but Resident still was not able to take cup to her mouth, then Staff get her hand and leaded it to Resident's mouth and moved the cup to let the pill come out from the cup to the Resident's mouth, then, Staff fed resident with apple sauce.

Staff record review showed Staff B was not licensed to administer medications.

On at 1:30 PM Staff B stated she had to administer medications to Resident #2 because Resident is not able to assist in the process. She stated that already called Hospice who would come soon to evaluate Resident #2.

Class III

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

Based on observation, record review and interview, the facility failed to provide a health assessment for 1 out of 5 (Resident #2) sampled residents.

Findings as follow:

On at 9:00 AM Resident #2 (admitted) was observed in bed.

Resident #2's record review showed no health assessment.

On at 9:40 AM Staff B stated the facility had no health assessment because the family had not provided it. Staff then requested the health assessment from Resident #2's family, by phone.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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Based on observation, record review and interview, the facility failed to develop a written policy and procedure ensuring the alternate power source and fuel can be effectively operated and maintained . The facility failed to acquire and develop a process to test the alternate power source.

Findings:

Record review documented the facility did not develop written policies and procedures to ensure the facility could effectively operate and maintain the alternate power source the facility also failed to acquire a service or have a process to maintain and test the power source.

On at 1:20 PM the Administrator showed policies and procedures that were developed for another ALF. The Administrator acknowledged the facility had not developed it's own policies and procedures nor a process to maintain and test the generator.

Class III