STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965702	R **11/09/2018**
NAME OF PROVIDER OR SUPPLIER **AMOR DE DIOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 NW 132 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 from 11/09/18. Amor De Dios had no deficiencies at the time of the survey.

A follow up visit to a Standard Biennial Survey in conjunction with a Complaint Investigation on 9, 2018 at Amor De Dios Assisted Living Facility, License # 10069. Deficiencies were found at time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that all medications were kept secured.

Findings Included:

An unlocked cabinet was observed on , at 6:40 am with resident medications. Staff G and she stated a Hospice nurse gave medications to two residents and may have left the cabinet unlocked.

Uncorrected
Class III

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

Based on record review, and interview, the facility failed to appoint, in writing, a manager.

Findings include:

Review of facility finder showed the administrator supervised two assisted living facilities.

Review of the facility's records showed the facility did not have a manager appointed.

Interview conducted on at 8:02 AM, the Administrator stated that she did appoint a manager for the facility.

Uncorrected
Class III

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

Based on record review and interview, the facility failed to provide documentation of the required 2 hour pre-service orientation for one out of six (Staff J) sampled staff. The facility failed to provide documentation of the minimum 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents for one out of six (Staff F) sampled staff.

Findings included:

Observation on at 7:30 AM showed Staff F assisting residents with their activities of daily living.

Review of Staff F's record showed that there was no documentation of the minimum 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. Staff F was hired on .

Review of Staff J's and K's records showed that there was no documentation of the minimum 2 hour required pre-service orientation. Staff J and K were hired on .

On at 8:33 AM, the Administrator stated that she did not know what kind of license they had.

On at 9:29 AM, Staff F stated that she took the training and had the documentation in her cellular phone. She said "I'm going to print it and put it in my record."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review, and interview, the facility failed to provide documentation that three out of six staff received training in nutrition and food service (Staff D, I and K).

Findings as follow:

Personnel record review showed Staff D, I, and K did not have documentation that they received training in nutrition and food service. Staff D was hired on , Staff I was hired on and Staff K was hired on .

On at 9:29 AM, Staff F confirmed that Staff D, I and K did not receive training in nutrition and food service.

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Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review the facility failed to follow the menu posted and document substitutions before the meal was served, and failed to ensure that meals were nutritionally adequate.

Findings Included:

On , at 7:15 am observed Staff G serving breakfast to Resident 5 that consisted of 2 slices of toast with butter and a cup of coffee.

On , at 7:20 am Staff G stated the breakfast was what the resident like.

Record review showed the breakfast menu for , was dry cereal (cup) or hot cereal (cup), Bread (1 slice), Margarine (1), Milk (8 oz), Fish or chicken (4 oz) and no substitutions were written on the menu.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe living environment free of hazards and failed to ensure all existing architectural, mechanical, electrical, and structural systems, and appurtenances were maintained in good repair.

Finding Included:

During a tour of the facility on , at 6:40 am, observed a hole in the kitchen door, had no closet door, and the backyard had broken furniture and a used mattress.

During interview on , at 10:45 am Staff A stated she was not aware and Staff C stated she was aware.

Uncorrected
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have an accurate health assessment completed for 1 out of 6 sampled residents (Resident # 6).

Findings Included:

A review of the resident's record on , showed Resident # 6's health assessment dated , had discrepancies that indicated Resident 6 did not need help with taking medications and also indicated resident needed assistance with self -administration.

In an interview with the Administrator on , at 10:45 am, she stated she would clarify the information with the doctor.

Uncorrected
Class III

Based on observation and interview, the facility failed to keep the required amount of gasoline for 48 hours onsite.

Findings included:

On , at 6:48 am observed gasoline stored in white gas container on the side of the house.

On , at 6:48 am, Staff C stated she did not know how much gasoline was needed for the generator or how much was needed for 48 hours, and further stated that she would ask the owner.

On , at 10:48 am Staff B stated he stated he was trying to figure out how much gasoline was needed for 48 hours.

Uncorrected
Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review, and interview, the facility failed to ensure that one out of five sampled staff

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received the initial limited mental health (LMH) training within 6 months of employment (Staff G).

Findings included:

A review of Staff G employee's file showed no documentation that the staff received the Limited Mental Health (LMH) initial training. Staff G was hired on .

On at 8:40 AM, Staff F stated that Staff G did not receive limited mental health training as required.

Uncorrected
Class III