STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965438	**12/04/2018**
NAME OF PROVIDER OR SUPPLIER **J R FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1110 NORTHWEST 134TH AVENUE** **MIAMI, FL 33182**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review and interview, the facility failed to have a signed Attestation of Compliance with background screening for 1 out of 3 sampled staff (Staff B).

Findings as follow:

On at 9:45 AM Staff B was observed working in facility.

Personnel record review showed Staff B was hired on . Further record review showed no Attestation of Compliance with the background screening for Staff B.

On at 10:00 AM Staff B stated she did not know about that document.

Class III

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0000 - Initial Comments

A Complaint survey (CCR 2018016431) was conducted on through . J R Family Care Inc. had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview the facility, failed to honor residents rights by not having a safe and decent living environment free of pests. Bedbugs were identified at the site.

Findings as follow:

On at 09:45 AM tour conducted throughout the facility showed bugs on the mattress of Resident #3 in # . An extension cord that was placed over the night stand was covered by bugs and dark brownish spots. On the floor in # were observed bugs on the floor.

A review of a health inspection report showed that bed bugs were identified at the facility during an inspection on . A review of a reinspection report dated 11/27/18 and received on /2018showed that the infestation was still present and bed bugs were observed in and in a bathroom near .

On at 2:20 PM Resident's #3 family member stated about a month ago, she observed a insect bite in Resident's #3 arm.

On at 2:40 PM the Administrator stated was surprised to have bugs in the facility. She added they a pest control company that already started the process of eliminating the bugs.

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 a manager when the Administrator operated more than one assisted living facility (ALF).

Findings as follow:

Background screening database review showed the Administrator supervised three ALFs.

Staff and facility record review showed no documentation of a Manager having been appointed.

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On . . . . . at 2:45 PM the Administrator stated that she had to find a manager for the facility.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to maintain a staffing pattern that was accurate and which documented the minimum staffing hours a week.

Findings as follow:

On /208 at 9:45 AM Staff B was observed in facility taking care of 6 residents.

Staff record review showed 3 Staff members scheduled to work as follow:

Staff A from 7 am to 7 PM
Staff B from 7 PM to 7 am
Staff C from 7 am to 7 PM

On at 10:30 Staff B stated that she worked in facility 24 hours a day, 7 days a week. She stated there was no other staff sharing duties with her in facility. She stated that she had never seen Staff C.

On at 2:00 PM 4 out of 4 Residents interviewed stated the only staff working in facility was Staff B.

On . . . . . at 2:45 PM the Administrator stated Staff C did not work there, and that she was trying to hire another employee.

Class III

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

Based on observation, record review and interview the facility failed to have a safe living environment free of hazards and failed to have a comfortable beds with clean mattress. The facility failed to be maintained in good repair.

Findings as follow:

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On at 09:45 AM tour conducted throughout the facility showed bugs on the mattress of Resident #3 in # . An extension cord that was placed over the night stand was covered by bugs and dark brownish spots. On the floor in # were observed bugs on the floor.

On at 09:45 AM it was also observed that the entrance door handle was loose, a hole in the door allowed persons standing outside to see through to the inside of the facility. The garage entrance door had peeling wood.

On at 2:20 PM Resident's #3 family member stated about a month ago, she observed a insect bite on Resident's #3 arm.

On at 2:40 PM the Administrator stated she was surprised to have bugs in the facility. She added they a pest control company that already started the process of eliminating the bugs. She said that she was throwing away old mattresses and buying new ones. The Administrator stated she would fix the handle and the door and that she was also planning to paint the house.

Class III

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

Based on observation, record review and interview, the facility failed to have accurate health assessments for three of three sampled residents (Residents #1, #5 and #6). The facility also failed to have a health assessment for 2 out of 6 sampled residents (Residents #2 and #3).

Findings as follow:

1. On at 9:45 AM Resident #1 was observed in bed. At 12:00 noon, the resident was observed walking from room to the dining table and eating by himself.

A review of Resident #1's health assessment (dated) showed that he had diagnoses of Type 2 with , legal , atherosclerotic . The resident needed assistance when ambulating, transferring, bathing, , toileting and needed supervision when eating. The assessment also showed Resident #1 needed a 24 hour nursing or care.

2. On at 12:11 PM Staff B was observed feeding Resident #6. The resident was unable to assist in the process.

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A review of Resident #6's health assessment (dated) showed that the resident had diagnoses of 's with , , , . the resident needed assistance with bathing, ambulation, , self care, toileting and transferring, and supervision when eating.

3. On at 1:00 PM Staff B was observed feeding Resident #5. The resident was unable to assist in the process.

A review of Resident #5's health assessment (dated) showed the resident had diagnoses of , , , , , dependence. Resident needed assistance with ambulation, bathing, , self care, toileting and transferring. Resident needed supervision eating.

On at 12:20 PM Staff B stated Resident #1 needed supervision and assistance with the activities of daily living but he was able to walk and eat by himself. She stated that he had been living in facility for many years. Staff B also stated Resident #6 could not eat by himself because his shook. Staff said both Residents (#5 and #6) were under Hospice care , and that they were not ambulatory and needed total assistance with the activities of daily living.

4. A review of the resident records showed no health assessments for Residents # 2 and 3.

Class III

Based on observation and interview the facility failed to prepare a detailed plan to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility. The facility also failed to:
1. Develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source.
2. Notify within five business days, in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative about the submission of the plan to the local agency and its implementation.
3. Store the minimum amount of fuel to feed the power source, failed to acquire the necessary services to test and maintain the alternate power source,
4. Having the monoxide detector available.

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Findings as follow:

On at 9:45 AM it was observed the facility had a portable generator in the garage.

Facility record review showed no documentation about the Emergency power plan available for review. There was no documentation the facility had informed residents and family about the implementation of the plan. The facility had no fuel storage to feed the power source and it did not have a monoxide detector available.

On at 2:45 PM the Administrator stated she would have all documents and the requirements available for the next visit.

Class III