STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967124	**12/12/2018**
NAME OF PROVIDER OR SUPPLIER **ZUNI ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **370 NW 133RD PLACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A change of ownership survey was conducted on 12/122018. Zuni ALF, Inc. with standard license had the following deficiencies identified at the time of survey:

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

Based on observation, record review, and interview the facility failed to have over the counter (OTC) medications listed on the medication observation record (MOR) for one of five sampled residents (Resident #2).

Findings as follow:

On at 2:00 PM observed Staff B assisting Resident #2 with self-administration of over the counter medications, C 500 mg and Iron/ mg. The medications were in bottles that had the manufacturers information and Resident's name but were not label with the directions for use.

Record review showed the facility did not have Resident #2's over the counter medications recorded in the MOR.

On at 2:00 PM the Administrator stated she believed the OTC medications did not need to be recorded in the MOR.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, record review, and interview the facility failed to the manufacturer's label with directions for use for one of five sampled residents (Resident #2).

Findings as follow:

On at 2:00 PM observed Staff B assisted Resident #2 with self-administration of over the counter medications, C 500 mg and Iron/ mg. The medications were in bottles that had the manufacturers information and Resident's name but were not label with the directions for use.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review showed the facility did not have Resident #2's over the counter medications recorded in the MOR.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview the facility failed to have an Administrator who completed the required training and education, including the competency test, within 90 days after date of employment as an administrator.

Findings as follow:

Staff record review showed the Administrator was hired on . Further record review showed the facility failed to have proof of the CORE competency test results for the Administrator.

On at 3:00 PM the Administrator stated that she did not receive the CORE training education but she is registered for the training starting on .

Class III

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

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for 2 out of 3 (Staff A and C) Staff. The facility also failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 3 Staff (Staff B).

Findings as follow:

Staff record review documented Staff A's last statement was dated and Staff C's statement was dated . The facility failed to have documentation of Staff B (hired on)'s written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

On at 2:30 PM the Administrator stated that she will have the updated statements for next visit.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on observation, record review, and interview the facility failed to provide a minimum of 2 hours to all new assisted living facility employees before providing personal care to residents to 3 out of 3 (Staff A, B and C) sampled staff.

Findings as follow:

On at 9:30 AM observed Staff B assisting residents with the activities of daily living.

Record review showed the facility did not have documentation of at least 2 hours of pre-service orientation for Staff A (hired on), B (hired on) and C (hired on).

On at 1:40 PM the Administrator stated did not know about the in-service training rule for new hired Staff.

Class III

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0090 - Training - - 58A-5.0191(11) FAC

Based on observation and interview 1 out of 3 sampled staff (Staff B) in direct care with residents did not know what ('s) were.

Findings as follow:

On at 9:00 AM Staff B was observed assisting residents with the activities of daily living review.

Staff B record review showed she was hired on .

On at 10:30 AM Staff B stated did not know what 's was.

On at 1:30 PM the Administrator stated that would retrain staff in 's.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on observation, record review, and interview the facility failed note substitutions before or when the meal was served.

Findings as follow:

On at 12:10 PM residents were observed eating lunch consisting on roasted chicken, rice and beans, tomato and onion salad, apple sauce and donut.

Facility menu posted showed it was planned the following lunch for :
meat, potatoes, carrots, white rice, mixed salad and fresh fruit. The menu did not have any substitutions noted.

On at 1:00 PM the Administrator stated that in the future she will note substitutions on the menu.

Class III