STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968662	R 12/07/2018
NAME OF PROVIDER OR SUPPLIER **KENDALL ALF 1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 106TH CT** **MIAMI, FL 33176**	

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

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on observation and interview, the facility failed to give the right of inspection to a section of the licensed facility during a revisit survey.

Findings included:

On , around Noon, observed a closed door at the living room. According to the owner, the property was rented and the room belonged to the owner of the house; that no one was supposed to enter the area, and access to the area was denied. Observed on the other side a door that was open. The Owner did not allow access. The Administrator arrived and stated that he did not have a key for the room. The Administrator went to the outside where the door was unlocked and got on the way and stated that he knew his rights and that he would not allow anyone to open the door. The Administrator locked the door and sat in the living room. When advised of the Agency for Health Care Administration's right of inspection, the owner left to look for a key to open the door. When the Administrator came , and when trying to go inside the house, the front door was closed with a chain from behind the door. The Administrator unlocked the chain with his and observed the Owner and one staff, transferring a woman from the patio to inside the house and stating that the woman was a family member. At 12:20 PM, Resident 6 stated, "This is my room (Pointing to the closed door at the living room). I have been here for 4 or 5 years." At 12:30 PM when the Administrator open the door, observed an area with two rooms, one of them with a bed and a mattress on the floor and the other one with a bed, two nightstands, small table with a television, an armoire with Resident 6's clothes and medications, a rocking chair and a closet with the resident's personal things. In addition, two refrigerator/freezers with food and prescribed medications for Residents 3 and 6.

The Owner did not want to comment on the findings.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968662	R 12/07/2018
NAME OF PROVIDER OR SUPPLIER **KENDALL ALF 1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 106TH CT** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on . . . . . 7, 2018. Kendall ALF 1, LLC, with a standard license number 12588, had the following deficiencies identified at the time of the survey:

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

Based on observation and record review, the facility failed to ensure that prescribed medications for two of six sampled residents, (Residents 3 and 6) were securely stored and out of the reach of all residents.

Findings included:

On . . . . . , . . . at 12:30 PM, observed inside an area that, according to the Owner and Administrator belonged to the property's owner, two rooms and two refrigerator/freezers with prescribed medications for Residents 3 and 6. Inside one of the rooms, observed prescribed and over the counter medications for Resident 6, two bottles of 10gm/1.5 ml, Voltare 1% gel and tears 0.2 - 0. % solution. Also, over the counter, , relief drops .5 oz and . . . capsules. Observed inside the refrigerators, prescribed medications for Resident 3, 25 . . suppositories. The Owner did not want to comment on the medications found.

Review of Resident 3's medication observation records showed the medications found inside the refrigerator as prescribed to the resident. Resident 6 did not have a record .

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and record review, the facility failed to ensure that Over the Counter Medications (OTC) were labeled for one of six sampled residents (Resident 6).

Findings Included:

On , at 12:30 PM, observed inside Resident 6's armoire OTC , relief drops .5 oz and . . . . capsules. None of them were labeled with the resident's information.

Record review showed no documentation onsite for Resident 6; the facility did not have a record for the resident. The Owner did not want to make any comments.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968662	R 12/07/2018
NAME OF PROVIDER OR SUPPLIER **KENDALL ALF 1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 106TH CT** **MIAMI, FL 33176**	

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

Class III

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

Based on observation, record review and interview, the facility failed to provide documentation of the required pre-service orientation training for two of four sampled staff (Staff E and F), conducted prior to interacting with residents.

Findings included:

On , at 11:50 AM, observed Staff E and F assisting the residents by cleaning their rooms and bathrooms, assisting with transferring and preparing meals in the kitchen.

Review of the staffing pattern showed, for , Staff E and F from 7 AM to 7 PM and Staff A from 7 PM to 7 AM. Review of the facility's roster showed that both staff started working on 11/19/2018. Neither staff's record provided documentation of pre-service orientation training.

On , at 1:00 PM, Staff F stated, "We both work here and sleep here." Staff E stated, "We both work from 7 AM - 7 PM." At 1:05 PM, Staff F stated, "Staff E gives the medications."

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview, the facility failed to provide proof of resident records for two of six residents (Residents 4 and 6). Their complete records were not available at the facility for review at time of survey.

Findings included:

Review of the facility's admission and discharge log showed Resident 4 with an admission date and a discharge date .

On , at 1:28 PM, the Owner stated, "Resident 4 , ; the record is not here, it is at my house. I did not know that we were supposed to keep it here."

Later, during the survey, the Owner brought the resident's record from her home. The record did not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968662	R 12/07/2018
NAME OF PROVIDER OR SUPPLIER **KENDALL ALF 1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 106TH CT** **MIAMI, FL 33176**	

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

provide the demographic sheet and the signed contract. Only progress notes were available and the health assessment dated that showed the resident had a , and was an outpatient . He was total on bathing, , grooming and toileting; he needed assistance with ambulation, eating and transferring but the assessment did not show the resident under hospice care.

For Resident 6, the facility did not provide any records. The Owner did not have any further comments on why the records were incomplete or not at the facility.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report to the state within 1 business day after the occurrence of the adverse incident and a full report within 15 days, including the results of the facility's investigation into the adverse incident for one of six sampled residents (Resident 1).

Findings included:

On , , at 1:58 PM, observed Resident 1 seating on the dining table with a bandage on her and lower arm. The Administrator stated, "The resident in , "She was walking and lost her footing. We called the family; they came right away and the family took her to the urgent care. The daughter works in an urgent care. She broke her . I did not report it to AHCA. Was I supposed to report it? They did surgery, put a and brought her . She never stayed in the hospital."

Class III