STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	**12/10/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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 center failed to provide a record for one (#1) of five sampled residents at the time of the survey.

Findings Included:

Record review revealed that the facility did not have Resident 1's closed record in the facility.

Interview on at 2:12 pm Staff B stated, "I took Resident #1's record, and it is at my house. Resident #1's record and the Police Department report is in his record, but it is not at the facility, in this moment."

Unclassified

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0000 - Initial Comments

A Complaint (RCC#2018015256) Survey was conducted on . . . . La Rosa ALF Inc. (License #10145) with Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to have a completed medical examination within 30 days of admission for one of three sampled residents (3).

Findings included:

Observation on . . at 9:00 am revealed Resident #3 occupied . . # .

Record review revealed that Resident #3's was admitted on . . .

Record review revealed that Resident #3's record did not have a health assessment in file at time of the survey.

On at 10:19 am Staff C acknowledged that Resident #3 did not have a health assessment. Staff C stated, "I am waiting on Resident #3's clinic."

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i)

Based on record review and interview, the facility failed to conduct a minimum of two resident elopement prevention and response drills per year.

Findings included:

Record review revealed that the last elopement drills were dated . . . , . . . and . . . .

On . . . . at 11:00 am Staff C confirmed that the facility did not have an update elopement drill.

Class III

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

Based on observation, record review and interview, the facility failed to maintain an accurate medication observation record (MOR) for one of four (5) sampled residents.

Findings included:

Observation on . . . at 10:00 am revealed that Resident #5's medications (Nistatin cream, 2 %, 10 mg, . 50 mg, Wafarin and more) were not signed as given.

A review of Resident 5's progress notes or observation log did not have any written information for Resident 5's medication.

On . . . at 9:00 am, Staff B stated, "The ARNP (Advanced Registered Nurse Practitioner) came yesterday, and she requested to stop these medications for Resident 5."

On . at 11:00 am Staff C confirmed that Resident 5 was not taking those medications anymore. However, she also confirmed that the facility did not have any prescription, order or progress notes to explain that.

Class III

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

Based on record review and interview the facility failed to provide documentation of training regarding elopement for one of five sampled staff (E).

Findings included:

Record review revealed that Staff D (hired) did not have an elopement in-service in file.

On . at 11:30 am Staff B, confirmed that Staff D was missing the elopement in-service.

Class III

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

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Based on observation and interview the facility failed to provide a safe living environment.

Findings included:

Observation on at 9:00 am revealed that # 's closet door was loose completely, and there were two Residents occupying the room.

Observation on at 10:00 am revealed Staff C walking to the # to fix the door, but she could not fix it.

On at 10:00 am Staff C stated, "We will fix it."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview reveal that the facility failed to have a complete and updated Admission/ Discharge log.

Findings included:

Observation on at 9:00 am revealed Residents 1 and 2 occupied # .

Observation on at 10:30 am revealed that Staff C searched the admission/discharge log. However, she could not find Residents 2 and 3's names added on the admission/discharge log.

Record review revealed that the facility did not have Residents 2 and 3 added on admission/discharged log. Further reviewed revealed that Residents 2 and 3 had their demographic sheets in their files. Therefore, the facility admitted Resident 2 on and Resident 3 on .

On at 10:30 am Staff C stated, "Yes, we need to update the admission/discharge log."

Class III

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

Based on record review and interview, the facility failed to have recorded for one (4) of four residents sampled. The facility also failed to have a designated health surrogate or power of attorney for

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one (3) of four-sampled resident. The facility failed to have a complete health assessment for one (2) of four residents sampled.

Findings included:

Record review revealed that Resident 4's record did not contain a information for Resident 4.

Record review revealed that Resident 3 had a contract signed per her family member (daughter), but the facility did not have a designated health surrogate or power of attorney on behalf of her daughter.

Record review revealed that Resident 2's health assessment did not reflect if Resident 2 needed or not 24 hours nursing or supervision.

Interview on revealed that Staff C confirmed that the facility needed to add Residents 2, 3 and 4's missing information in their files.

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 file a one-day and a fifteen-day report with the agency, for one of five (#1) sampled Residents.

Findings included:

Record review revealed that the facility did not file an incident report to inform the Agency about Resident #1 personal information conflict, which ended with Resident #1 walking in the street and found by a Police Officer.

Record review revealed that the facility did not have written information of Resident #1 elopement.

On at 10:30 am Staff C confirmed that Resident #1 wasno longer a resident. Staff C stated that Resident #1left the facility, and they could not stop him. She stated that Staff B called the Police Department and reported Resident #1's elopement, and she could not find any written information of Resident #1 location or heath status.

Interview on at 2:12 pm revealed that Staff B stated, "I do not consider that Resident #1 eloped

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from the facility. I intended to work with Resident #1 and his family. Nobody was paying the facility. I spoke with them (family) regarding the facility's monthly payments. I even went with him to the Social Security, and he refused to pay the facility's services in front of the Social Worker. Resident #1 also stated that he would leave the facility. As soon as, he arrived from the Social Security. Resident #1 took his belonging, and left the facility. I could not do anything; I could not stop him. I look for Resident #1, and I call his family, but they never response my message. I have the copy of my texts in my phone. After two months, I received a call from the Police Department to advise me that he was living in a motel with a crisis and stating that he was a Police Man. After that, the son call me, and let me know that he was living with him. Even Resident #1's sister called me asking for a place to take Resident #1. I did not file a report because I never consider that he eloped from the facility, he took his belongings and left."

Interview on at 2:12 pm Staff B stated, "I took Resident #1's record, and it is at my house. Resident #1's record and the Police Department report is in his record, but it is not at the facility, in this moment."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have the emergency management plan reviewed.

Findings included:

Observation on at 9:10 am revealed that the facility did not have current emergency management plan (approved 2018). The bulletin board did not have a comprehensive management plan (for 2018) at all.

Record review revealed that the facility did not have a Comprehensive Emergency Management Plan (CEMP) approval letter 2018.

On at 9:30 am Staff C acknowledged that the facility did not have a emergency management plan documentation, and she stated that Staff B might have it. However, it was not in the facility at the time of survey.

Class III

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0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to follow their Emergency Power Plan (EPP).

Finding included:

Observation on . . . at 9:00 am revealed that the facility did not have least 48 hours of gasoline for the generator.

Record review revealed that the facility did not have a maintenance log for the generator and the training for staffing acknowledging the CEMP policy and procedure in their file. In addition, the Residents 's records did not have in writing the implementation of the of facility emergency plan signed per residents or residents representative.

Interview on . . . at 11:00 am Staff C stated, " I do not know about that, but Staff A or B could assist you with that information, but Staff A is on vacation and Staff B have a family member sick."

Class III