STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964797	**01/08/2019**
NAME OF PROVIDER OR SUPPLIER **MIAMI-DADE COUNTY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1150 NW 11 STREET ROAD** **MIAMI, FL 33136**	

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

0000 - Initial Comments

A complaint (CCR# 2018017282) survey conducted on . . . . . Miami- Dade County assisted living facility had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview the facility failed to determine the continued appropriateness of admission at all times for 1 out of 5 sampled residents (Resident #2)

Findings Included:

On . . . . at 1:30 PM, observed Resident #2's appeared disheveled. Observed Resident #2's room and personal bathroom to be messy, cluttered, not cleaned and had unpleasant odor. The Administrator stated Resident needed help but refused to allow staff to provide assistance with care and to clean the bathroom and room.

Review of Resident #2's record showed resident continued to smoke in the unauthorized areas after being told to stop, refused to take medications, often intoxicated, as a result had multiple . . , and eloped multiple times from the facility. There was no documentation in file that the physician had been recently notified of resident condition.

On . . . . at 2:20 PM, Staff B stated Resident #2 refused to take medications, always drunk and . . , and left the facility and did not remember where to return on his own. He stated the resident may not be fit to live at facility anymore.

On . . . . at 2:36 PM, the administrator stated he will speak with the doctor to have resident reevaluated to determine if he is appropriate to continue residing at assisted living facility. The Administrator stated resident needed more care and supervision and may be unsuitable to remain at facility.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and interview, the facility failed to encourage residents to participate in social, recreational, educational and other activities within the facility and the community. The facility failed to

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have scheduled activities that must be available at least 6 days a week for a total of not less than 12 hours per week.

Findings Included:

Review of the facility activity calendar showed exercises was scheduled on at 9:30 AM that did not occurred.

On at 3:26 PM, the administrator stated the activities had been recently discontinued for a few weeks because the residents were verbally fighting, in addition to the activity room not being available.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview the facility failed to treat residents with recognition of respect, and dignity. Several residents smoked in unauthorized areas that infringed on the rights of residents who did not smoke. Resident #4 was placed in a corner of the room and facing the wall.

Findings Included:

1) On at 12:45 PM, observed Resident #4 in the dining room sitting in a recliner chair in the corner, facing the wall.

On at 12:45 PM, Staff C stated Resident #4 gets agitated when she hears a lot of noise, therefore she was placed in the corner of the room facing the wall to have quiet time.

2) On observed the facility on units 4, 6 and 8 to have a strong smell of cigarette smoke.

Review of Resident #2 and #3 files showed the Residents had smoked in their rooms multiple times.

On at 1:15 PM, Resident #3 stated she had smoked in her room.

On at 1:44 PM, the Administrator stated Resident #2 and #3 had smoked in their rooms on numerous times.

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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 assess residents at risk of elopement within 30 days of being admitted to the facility. The facility failed to identify resident for history of elopement (Resident # 2)

Findings Included:

Review of Resident #2's record showed he had a history of elopements from the facility and no elopement assessment in file. Review of the health assessment dated . . . . showed resident was not an elopement risk.

On at 2:21 PM, Staff A and B stated resident had eloped from the facility multiple times. Staff A stated law enforcement was not notified. Staff B stated the doctor was not notified.

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 ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings Included:

On . . . . at 12:42 PM observed multiple chairs with peeling and chipped fabric. In . . . . , observed a rusted and stained floor and several panels missing from the blinds. In , observed a kitchen cabinet without the door. On the eighth floor near the elevator, observed a dirty vent and a wet discolored ceiling tile.

On at 3:49 PM, the administrator stated he will look into having the peeling and chipped chairs removed. He stated the panels and ceiling tile will be replaced, the vent and rusted and stained floor would be cleaned, and the kitchen cabinet door will be repaired.

Class III

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

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Based on record review and interview the facility failed to have a copy of its approved Comprehensive Emergency Management Plan (CEMP).

Findings Included:

Record review showed no documentation of the facility's approved CEMP.

On at 2:39 PM, the administrator stated he did not have the approved CEMP. He stated he was waiting for the approved CEMP to be sent to the facility.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to develop and implement written policies and procedures to ensure that it can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility also failed to notify each resident and the resident's legal representative in writing about its Emergency Power Plan (EPP). In addition, the facility did not have a copy of its approved emergency power plan letter.

Findings Included:

On at 2:39 PM, the administrator stated he did not have fuel onsite at the facility. He stated he informed the residents and legal representative that a EPP was in placed but the letter did not give specifics on the plan explained. He also stated he had the Emergency Power Plan approval letter but unable to locate it at the time.

A review of the facility's record on showed no documentation of an approved Emergency Power Plan and written EPP policies and procedures that were readily available for a review. The facility did not have a detailed plan to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power. The facility did not have documentation to show that residents or their legal representatives was informed in writing of the implementation of the emergency power plan.

Class III