

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967322	(X3) DATE SURVEY COMPLETED R 01/31/2019
NAME OF PROVIDER OR SUPPLIER CARING ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12735 NORTH MIAMI AVENUE MIAMI, FL 33168	

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

0000 - Initial Comments

A Follow Up Visit to a Complaint Investigation (CCR #2018011706) was conducted on and concluded on Caring Assisted Living, Inc. had deficiencies identified at the time of the survey:

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

Based on record review and interview, the facility failed to honor one out of four sampled residents (Resident #2). The facility failed to treat Resident #2 with consideration and respect and with due recognition of personal dignity and individuality.

Findings included:

During a tour of the facility on no residents were observed in the facility.

Review of the Residents' files on showed last progress notes dated stated 'She is doing fine, good appetite and ambulates/eats independently, she is in good spirits.' There was no documentation about when the resident left the facility.

In an interview on at 3:43 PM, a Resident #2's family member reported that the Owner threatened to the resident while she was calm. The family member stated "There were allegations that my mom was aggressive and violent with a patient. When I requested the video, the Owner threatened to her and put her in a hospital. The aid told me that my mom was calm. The Owner and I had a dispute because you cannot somebody if they are calm." The family member further stated that Resident #2 reported that "the Owner is nasty and aggressive. I just ignore him when he is mean to me."

Uncorrected
Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967322	(X3) DATE SURVEY COMPLETED R 01/31/2019
NAME OF PROVIDER OR SUPPLIER CARING ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12735 NORTH MIAMI AVENUE MIAMI, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on record review and interview, the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database. Findings included: A review of the facility's personnel file on showed that Staff G was hired on A review of the facility's roster in the Background Screening Clearinghouse Database showed that Staff G was hired on and had no termination date. In an interview on at 12:37 PM, the Assistant Administrator stated "Staff G does not work here anymore. Staff G is not on my roster." Unclassified		