STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969168	**02/12/2019**
NAME OF PROVIDER OR SUPPLIER **VIDA CLARA ADULT CARE SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5890 SW 51 TER** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . and concluded on . . . . . . Vida Clara Adult Care Services LLC with Limited Health component had deficiencies identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of a current annual satisfactory fire inspection.

Findings Included:

A review of the facility's inspection records on . . revealed that it did not have an annual fire inspection.

In an interview on at 11:32 AM, the Administrator stated "I have the fire approval letter in my email."

Class III

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

Based on observation, record review, and interview, the facility used full bed rails as for two out five sampled resident (Residents #1 and #3).

Findings included:

During a tour of the facility on . . . . . at 6:51 AM observed Resident #1 and #3 sleeping in hospital bed with full side rails.

A review of the Resident #1 and #3 files on showed no documentation of a prescription orders from a health care provider for bed rails. Resident #1 and #3 were not receiving hospice services.

In an interview on . . . . . at 10:25 AM, the Administrator said "okay."

Class III

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0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, record review, and interview, the facility failed to follow proper procedures when assisting one out of five sampled residents (Resident #2) with self-administration of medication.

Findings included:

On at 7:38 AM observed Staff C placed a small cup with medications (three pills) on the table in front of Resident #1 and left. Staff C did not follow proper procedures when she assisted Resident #2 with self-administration of medications.

On medication reconciliation revealed Resident #2 was scheduled to received CL Micro 10 MEQ ER tablet, take 1 tablet by every day with ; with D3; Plus 8 mg tablet, take 1 tablet by daily; and Hydrochlothiazide 12.5 mg tablets, take 1 tablet by every other day.

A review of Resident #2's Medication Observation Record (MOR) showed no documentation where Staff C signed off for medication provided to the resident. Last MOR found in Resident #2's dated . Further review of the residents' file revealed that none of them had a MOR sheet.

Class III

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

Based on observations and interview, the facility failed to discard medications for a resident who had in .

Findings included:

On at 7:46 AM observed in the staff room a storage containing four basket of medications. One of the basket was full with medications that belong to a resident who had in .

In an interview on at 8:13 AM, the Administrator stated "Resident #6 . He is no longer with us. I just happened to not dispose of his medication.

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

Based on observations, record review, and interview, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of all staff and the residents. Staff B and C were left alone in the facility with a census of four residents although they did not have an eligible level 2 background screening, First Aid or , , ( ), or other required training. The facility failed to show that they had resident health and medication orders available to demonstration they were able to meet the resident's needs. The facility failed to have a medication observation record (MOR) on site for four out of five sampled residents (Resident #1, #2, #3, and #5).

Findings included:

1) On at 6:46 AM Staff B answered the facility's door and assisted with touring the facility. Staff C help finish with the tour. Four residents were observed in the facility. Residents #1 and #3 were sleeping on a hospital bed with full side rails. At 7:38 AM on observed Staff C placing a cup of medication in front of Resident #2.

Staff B stated on at 9:46 AM, "I started working here in ."

Review of the facility's personnel file on revealed Staff B and C did not have a file available for a review. A review of the background screening database on showed no eligible background screening result for Staff B and C. The facility failed to provide documentation that Staff B and C (who were left alone with the residents) had First Aid and , control training, training, and medication training.

During an interview on at 10:19 AM, the Administrator stated "the staff are new. Their files are at my house. They were going to get the background screening done this week. "

Returned to the facility on at 8:23 AM and found the Administrator with the residents.

An additional review of the personnel files on showed that the Administration did not have her CORE training certificate, / training certificate and Limited Mental Health training certificate in her file. Further review showed that Staff B and Staff C did not have a file.

During an interview on at 10:25 AM, the Administrator stated "I will get it done. I did not put the staff files together because they are not here anymore."

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2) Review of the residents' MOR on showed that Resident #1's, #2's and #3's MOR had no directions and time for the medication. Further review showed that the Administrator signed off on for medication given to Resident #2 while she was not the one who assisted the resident with self-administration of medication. Staff C was the one who assisted Resident #2 with self-administration of medication. Resident #4 and #5 had no MORs available for a review.

In an interview on at 9:26 AM, the Administrator stated "I keep each resident's MOR in their file. I don't have Resident #5's MOR because it is at the doctor's office. The doctor is making changes to her medications. Resident #5 is currently on medications. I have not given any medications to her this morning because she has not eaten yet." The Administrator added "Resident #4 is not taking any medications. The only thing she is taking now is the . I got it last night."

3) Review of the resident's files on revealed that Resident #4 and #5 did not have a file available for a review. Further review of Resident #1, #2, and #3 revealed the following:

Resident #1's health assessment dated did not list her diagnoses and medical history. She needed assistance with ambulation, bathing, , grooming, toileting, and transferring. She was on high risk of precautions and needed assistance with self-administration of medication. Informed consent for unlicensed staff to assist with medication was not in her file. The resident had a in file signed by physician on .

Resident #2's health assessment dated showed that her diagnoses and medical history were , /agitation. She needed supervision with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident #2 was on precautions and needed assistance with self-administration of medication.

Resident #3's health assessment dated showed that her diagnoses and medical history were history of and . Special precautions was not completed. She needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Based on the health assessment her needs could not be met in an assisted living facility.

Additional review of the residents' files on showed no progress notes.

In an interview on at 10:19 AM, the Administrator stated "Resident #4 went to the hospital last Saturday around 2 PM. She fainted, but did not . I called 911 and stated that her , was low, so they transferred her to a local hospital. Her file is at my house.

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Review of the Resident #4 and #5 files on revealed the following:

Resident #4 was hospitalized on and discharged in the evening of . Her health assessment dated showed she was diagnosed with , , , and . She needed precautions, supervision with ambulation, and assistance with ambulation, bathing, , grooming, toileting, and transferring. Resident #4 needed assistance with self-administration of medications.

Based on Resident #4's discharge record, she was admitted to a local hospital on at 15:14 and discharged on . She was diagnosed with , , , acute , , Acute , Injury, , Severe protein-calorie .

Resident #5's Health assessment dated showed that her medical history and diagnoses were not completed; physical or sensory limitations: not completed; or behavioral status: Nursing/treatment/ , , service requirements: not completed, special precautions: not completed; Elopement risk: yes, . She needed supervision with ambulation and total assistance with bathing, , eating, grooming, and toileting. Whether or not the resident needed help with taking medications was not completed.

A review of the resident records on revealed that Resident #4 and #5 did not have progress notes available for a review. Whether or not Resident #4 family member was notified was not written. Resident #4 and #5 did not have a Medical Observation Record sheet available for a review.

In an interview on at 9:26 AM, the Administrator stated "I keep each resident's MOR in their file. I don't have Resident #5's MOR because it is at the doctor's office. The doctor is making changes to her medications. The Administrator added "Resident #4 is not taking any medications. The only thing she is taking now is the . I got it last night for her from Walgreens."

In an interview on at 10:25 AM, the Administrator stated "I did not notify Resident #4's family when she went to the hospital."

5) Review of the facility record on showed only one elopement drill performed on .

Review of the residents' files on showed that Resident #4 and Resident #5 are at risk of elopement. However, none of the residents had their pictures in their files.

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Review of the facility's elopement policy on stated "any resident diagnosed with 's or which has the potential for elopement will have a current picture in their file that the facility can give to the police authorities and use for identification purpose."

5) Review of the facility policy showed it did not have a policy and procedures while it had three residents Resident #1, #2, and #4 at risk of .

In an interview on at 10:14 AM, the Administrator said "I don't have a policy in the book. My consultant is sending it to me."

Class II

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review, and interview, the facility failed to ensure an unlicensed staff member received 6 hours of medication training in accordance with the procedures outline by the States prior assisting one out of five sampled residents (Resident #2) with self-administration of medication.

Findings included:

On at 7:38 AM observed Staff C placed a small cup with medications (three pills) on the table in front of Resident #1 and left. Staff C did not follow proper procedures when she assisted Resident #2 with self-administration of medications.

A review of Resident #2's Medication Observation Record (MOR) showed no documentation where Staff C signed off for medication provided to the resident. Personnel record review revealed Staff C did not have any evidence of completing the initial medication training.

On medication reconciliation revealed Resident #2 was scheduled to received CL Micro 10 MEQ ER tablet, take 1 tablet by every day with ; with D3; Plus 8. mg tablet, take 1 tablet by daily; and Hydrochlothiazide 12.5 mg tablets, take 1 tablet by every other day.

Class III

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

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Based on observation, record review, and interview, the facility failed to have a dated and signed menu by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals met nutritional standards.

Findings included:

During a tour of the facility on at 8:56 AM observed on the refrigerator a "menu" that was not dated and signed by a licensed or registered dietician.

In an interview on at 11:32 AM after informing the Administrator that the menu was not up to par with the states requirements, she stated "okay.

On the Administrator provided the menus signed by a registered dietician dated 11/13/18 -

Class III

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

Based on record review and interview, the facility failed to provide documentation of an updated annual Comprehensive Emergency Management Plan (CEMP) approved by the local agency.

Findings included:

Review of the facility record on revealed the facility had an approved Comprehensive Emergency Management Plan letter dated for approval of year 2017.

In an interview on at 11:20 AM ,the Administrator stated "I only have this one" pointing at the expired CEMP approval letter.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to notify each resident and the resident's legal representative in writing about its Emergency Power Plan (EPP). The facility also failed to have monoxide detectors and sufficient fuel for at least 48 hours to ensure that in the event of

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the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency.

Findings included:

On at 9:07 AM observed more than a dozen of empty gallons of gasoline in a shed in the of the facility. The facility did not monoxide detectors.

A review of the facility's (EPP) record on revealed that it did not have a written proof of notification given to the residents.

In an interview on at 9:07 AM, the Administrator stated "The gallons are empty. The inspector told me I needed gas only if there is an emergency." The Administrator added "No, I don't have monoxide detector."

In an interview on at 9:12 AM, the Administrator "no, I speak to them. They all know we have a generator."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure that the Administrator received the initial limited mental health training within 6 months of being hired.

Findings included:

Review of the facility's personnel file on showed no documentation of an initial training certificate in limited mental health for the the Administrator who was hired on .

In an interview on at 10:25 AM, the Administrator stated "I will get it done."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to have a copy of the eligibility results of a background screening for one out of three sampled staff (the Administrator).

Findings included:

A review of the facility's personnel files on revealed that the facility did not have a a copy of the background screening result on file for the Administrator who was hired on .

In an interview on at 11:32 AM, the Administrator acknowledged the background screening result was not in her file.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to have an eligible level II background screening for two of three sampled staff prior to providing direct care and services to a census of four residents (Staff B and Staff C).

Findings included:

Arrived at the facility on at 6:46 AM Staff B answered the door and assisted with touring the facility. Staff C assisted to complete the tour. At 7:38 AM on observed Staff C placing a cup of medication in front of Resident #2.

Staff B stated on at 9:46 AM, "I started working here in ."

Review of the facility's personnel file on revealed that Staff B and C did not have a file available for a review. A review of the background screening database on showed no eligible background screening result for Staff B and C

During an interview on at 10:19 AM, the Administrator stated "the staff are new. Their files are at my house. They were going to get the background screening done this week. "

Unclassified

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