STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

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

Based on observation, record review and interview, the facility failed to ensure one of three sampled staff (C) had a signed attestation of compliance with background screening.

Findings included:

Observation on at 8:25 am revealed Staff C working alone with a census of three residents.

Record review revealed no documentation of an attestation of compliance with background screening for Staff C.

On at 12:00 pm, Staff A stated, "Staff C has her record, but it is not complete."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to maintain an updated staff roster in the background screening clearinghouse database. Staff C was not listed.
Findings included:

On at 8:25 am, observed Staff C working alone with a census of three residents.

On at 8:25 am Staff C stated, "I have three months working here. We are two, with Staff B, who works a week, and I work another week."

Observation on at 9:00 am revealed that the facility had an employee roster posted, and it did not reflect Staff C as an employee.

A review of the facility's records in the background screening clearinghouse showed that Staff C was not listed.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Emanuel Residence ACLF, with a Limited Mental Health component, had the following deficiencies 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 health assessment completed within 30 days of admission for one of four sampled residents (1).

Findings included:

Review of Resident #1's (admitted on) health assessment reflected the name of another facility, and the facility . Resident #1's health assessment did not have date, medication and diet information.

Interview on at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, however, I am here every day working, and I know that I have some documents that need to update."

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation and interview, the facility failed to appropriately provide care and services to meet the needs for one (#1) of four sampled residents.

Findings Included:

Record review revealed that Resident #1 had a health assessment showing diagnoses of Acute , , , , Major and 's .

Interview on at 8:30 am Staff C stated, 'I assist all the residents with self-administration already; however, Resident #1 is refusing to take her medications since one or two weeks ago.'

Record review revealed no documentation that Resident #2 was not taking her medications a week earlier. There was also no documentation of action taken to prevent Resident #1 from refused to take her daily mediation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

Interview on at 9:43 am revealed that Resident #1 stated, "My medications are for , I feel good, and I do not need to drink those medications. My Doctor will see me soon due to he comes monthly."

Interview on at 1:10 pm Resident #1's daughter stated, "I was in the facility on Sunday, and Staff C states that my mother is taking her medications. I spoke with the Owner, and he did not tell me about my mother medication. I assist with medication, too."

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 facility had elopement drill records dated , and .

On at 10:30 am Staff A stated, 'I am selling the house, and I am working at the Airport, but, I am here every day working, and I know that I have some documents that need updating; however, I do not see the point of doing a form for something that never happened.'

Class III

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

Based on record review and interview, the facility failed to maintain a daily updated medication observation record (MOR) for each resident who received assistance with self-administration.

Findings included:

A review of the MOR revealed that Residents # did not have morning medication initialed as given.

Interview on at 8:30 am Staff C stated, 'I assisted all the residents with self-administration already; however, Resident #1 is refusing to take her medications since about one or two weeks ago.'

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

On at 9:43 am, Resident #1 stated, "My medications were for , I feel good, and I do not need to drink those medications."

Interview on at 1:00 pm Staff C stated, "I forgot to sign the MOR because I have been busy; I usually provide the medications to the residents and do my chores and at 11:00 am, I sit and start to fill out the MOR; however, I did not do it today because I was attending you.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have an update ( ) exam for two (A - C) of three staff sampled.

Findings included:

Record review revealed that Staff A, hired had a negative result issued . Further review revealed that Staff B, hired had a negative result issued .

On at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, but, I am here every day working, and I know that I have some documents that need to update.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to provide documentation of ( ) training for one of three sampled staff (C).

Findings included:

Personnel record review revealed no documentation of training for Staff C.

On at 9:00 am Staff C stated, "I have three months working here, I work one week and Staff B works the other week."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET HIALEAH, FL 33012**	

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

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on observation, record review and interview the facility failed to have a training in first aid and ( ) for one of three sampled staff (Staff C).

Observation on at 8:25 am revealed Staff C working alone with the census of three residents.

Personnel record review revealed no documentation of first aid or training for.

On at 8:25 Staff C stated, "I have three months working here. We are two. Staff B works a week and I work another week."

On at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, however, I am here every day working, and I know that I have some documents that need to update."

Class III

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

Based on record review, and interview, the facility failed to ensure that two of three (A and C) received the update training on providing assistance with self-administration of medications.

Findings included:

Personnel record review revealed no documented medication update training for Staff A There was a medication training for 2 hours dated , but no four initial hours or an update after .

On at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, however, I am here every day working, and I know that I have some documents that need update. I assist with medication, too."

Observation on at 8:25 am revealed that Staff C was working alone with the census of 3 residents.

Record review revealed no documented medication training to assist residents with self-administration for Staff C. Further record review revealed that the MOR showed Staff A and C's initials.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

On at 8:25 Staff C stated, "I assist Residents 2, 3 and 4 with their medications this morning. Resident #1 is refusing her medication."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to have documented Nutrition and Food Service for one of three sampled staff (C).

Findings included:

Observation on at 8:25 am revealed that Staff C was working alone with the census of three residents.

Observation on 11:00 am revealed Staff C cooking the food for Residents' lunch." Further observation at 12:30 pm revealed Staff C serving the lunch for the Resident #1.

On at 9:00 am Staff C states, "I have three months working here, I work one week and Staff B works the other week."

Class III

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

Based on observation and interview the facility failed to maintain a safe living environment for a census of four of four sampled residents.

Findings included:

Observation on at 9:30 am showed, in areas accessible to and used by residents:

Two closet doors stood against the wall of the screened porch.
The screen porch had broken screens.
Three cats with no documented were living onsite.
The screen porch had two metal frames and water heater, two mattresses, a wheelchair, a walker, home equipment debris and a commode.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	02/07/2019
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

Interview on at 12:00 pm Staff A stated, "The people I left here renting the facility did not take care of the property."

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

Based on observation, record review and interview, the facility failed to maintain an up to date admission and discharge log. Facility failed to have a staffing pattern updated for one (C) of three staffing patterned. Facility failed to have an update resident's activities schedule for four ( ) of four sampled residents. Facility failed to have an update menu posted.

Finding included:

Observation on at 9:00 am revealed that the facility had posted a staffing pattern and a resident activity calendar dated .

Observation on at 9:00 am revealed that the facility had a menu dated .

Record review revealed that the facility did not have an update staffing pattern. Further record review revealed that the facility did not have on record an update resident activity or staffing pattern for , or .

Facility record review revealed that the admission/discharge log had five residents and the facility had four residents. On (9:00 am - 1:00 pm) Staff A and C stated the extra resident left the facility 6 months ago, and he did not live in the facility.

On at 1:00 pm Staff A acknowledged the deficiencies and stated, "I am behind in the facility documentation, I did not expect this survey so early."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have an update print of a background screening for one (Staff A) of three sampled staff. Facility failed to have an application and reference with job description for one (C) of three sampled staff.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

Observation at 8:25 am revealed Staff C working alone with the census of three residents.

Personnel record review revealed no documented background screening ( ) on file Staff C (hired).

Record review revealed that the facility's background website revealed that Staff A had an eligible background dated .

Record review revealed no employee application with references for Staff C .

On at 8:25 Staff C stated, "I have three months working here. We are two. Staff B works a week, and I work another week."

On at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, however, I am here every day working, and I know that I have some documents that need to update."

Class III

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

Based on record review and interview, the facility failed to record information for two of four sampled residents (#1 and 2).

Findings included:

Record review revealed no log for Resident #1 or Resident #2.

Record review revealed no order for Resident #1.

On at 10:30 am Staff A stated, "I am selling the house, and I am working at the Airport, however, I am here every day working, and I know that I have some documents that need update."

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview, facility failed to have a sign contract for one of four sampled

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

residents (1).

Findings included:

Record review revealed that Resident #1's contract had a monthly payment of $750; however, it was not dated or signed.

Interview on at 1:13 pm Staff A stated, "I did a new contract because the resident signed the contract under the last administration, and this contract is under my administration."

Class III

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

Based on record review and interview, the facility failed to have the Comprehensive Emergency Management Plan (CEMP) reviewed.

Findings included:

Record review revealed that the facility did not summit an updated the CEMP. There was a 2017 CEMP on record.

Observation revealed that the facility did not have a 2018 CEMP.

On at 11:54 am Staff A stated, "I do not have the CEMP, yet." In addition, Staff A states, "I have an with the lawyers today, and if I decide to keep the facility, I will get ready with the facility documentation."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

Finding included:

Observation on at 1:00 pm revealed that the facility did not have enough gasoline for the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

generator; there were 15 gallons of gasoline.

Interview on . . . . at 1:00 pm Staff B stated, "We have 15 gallons of gasoline for the generator, and another container of 15 gallons, which is empty, but it is not hurricane season, yet." Staff A stated, "I did not pass the EPP because the city of Hialeah required a fix generator, and I have two regular ones (portable)."

Class III