STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	**02/05/2019**
NAME OF PROVIDER OR SUPPLIER **DADE COUNTY ADULT LIVING FACILITY GROUP CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **15135 SW 128 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A complaint investigation (CCR #2019000072) was conducted at Dade County Adult Living Group on . . . Deficiencies were identified at the time of the investigation:

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 honor the rights of 2 of 6 residents in care (Residents #2 & #3).

On . . at around 8:55 am, observed a large, gym styled locker (metal storage unit containing 6 individually lockable compartments) in residents' room which contained various personal service items and hygiene products for all facility residents' use.

In an interview on . . . . at 9:00 AM, Staff A confirmed that the locker was used to store facility items.

Class III

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

Based on observation and interview, the facility failed to ensure the medication cart was locked.

On an unlocked medication cart was observed, containing various residents' medications. The cart was located in the facility's kitchen area which was accessible to residents.

In an interview on . . . . . at 9:05AM, Staff D stated she put the key in the lock and turned it so she thought it locked, but she guessed the lock was not working since it remained open.

Class III

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

Based on record review and interview, the facility failed to ensure the pre-service/pre-employment training provided for staff included all required training elements. The facility failed, in that the pre-service training provided for 1 of 5 staff (Staff D) did not include training on the facility's license type or the type of services the facility provides. Additional, the facility failed to ensure that 1 of 5 Staff (Staff B) signed their in service training certificate.

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A personnel record review on . . . . . revealed the pre-service training provided for Staff D did not include the facility's license type or the type of services the facility provides and that Staff B's in service training certificate was unsigned.

In an interview on . . . . . at 10:59 AM, Staff B stated at the time of the training she was not asked or instructed to sign the certificate.

In an interview on at 11:05 AM, the administrator, Staff A stated she did not know those training elements were required.

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 provide a valid Medication training certificate for 1 of 5 Staff (Staff D).

Findings:

A record review on . . . . . revealed Staff D had a Medication Training Certificate which was signed but the certificate did not include the signer's professional suffix or medical license number. A review of the health department database showed that the person who signed was a Registered Nurse.

In an interview on . . . . . at 11:02AM, The Administrator stated she did not know why the certificate did not have the Nurse's license # or RN initials. She stated she did not know why the nurse did not include them.

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 clean, fully furnished, hazard free, well maintained environment for residents in care.

Findings:

On observe 2 walls with unpainted plaster in resident # and the facility's dining room area.

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In an interview on at 11 AM the Administrator stated repairs had been done on the wall in # and in the dining room area and she had not gotten around to having the walls repainted. She said, she would have someone come in a couple of days to have them painted.

On observed that # did not have a night stand for residents use and storage as required.

In an interview on at 11 AM the administrator stated she was not aware a night stand was required.

On observed paint thinner and other potentially harmful materials stored in an unlocked hallway, Air Conditioner closet.

In an interview on at 11:05 AM the Administrator stated repairs have been on going at the facility and the items in the closet were for future use.