STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967577	**04/05/2019**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE ADULT HOME ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1786 NW 47 TERRACE MIAMI, FL 33142**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at Calvinelle Adult Home ALF # 2 on on . . . . , . . .
The facility had deficiencies identified at the time of the survey.

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

Based on observation and interview, the facility failed to encourage residents to participate in social and leisure activities.

Findings included:

On . . . . . at 3:10PM, Resident # 1's case manager was interviewed and stated that the times she has gone to the facility to visit, she has never seen any type of activities. She had also stated that resident # 1 had informed her that the facility does not provide any type of activity.

On . . . . . at 2:50PM, Resident # 2 was interviewed and stated that "Other than regular care, food, and medication assistance, we don't do anything else. I just hang out here with the rest of the residents and smoke my cigarettes".

On . . . . . at 2:37PM, Resident # 5 was interviewed and stated that the facility does not provide any activities to participate in. She also stated that all the residents do is sit outside or watch television that is always on.

On . . . . . at 2:55PM, observed an Activity Calendar posted on the wall for the week (Monday - Sunday). The calendar indicated the day's activity was Exploring Time from 10AM - 11AM and Chairsise from 2PM - 4PM.

Class III

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

Based on interview and record review, the facility failed to provide a pre-service orientation of at least 2 hours to new employees to two out of nine (Staff C and G) sampled staff members. The facility failed to ensure that one out of nine Staff (H) received a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to

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residents. The facility also failed to ensure that a staff member completed a minimum of 1 hour in-service training that focuses on Resident Rights and Recognizing/Reporting /Neglect for one out of nine (Staff C) sampled staff members.

Findings included:

An employee record review showed that the facility did not have any documentation of a Pre-service Orientation for Staff C hired on and Staff G hired on . Revealed revealed that Staff C was missing the Resident Rights and Recognizing/Reporting /Neglect training. Revealed Staff H's hired on had no control training certificate.

On at 3:25 PM, the Administrator acknowledged that Staff C, G and H were missing the trainings and would have her complete those trainings soon.

Class III

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

Based on interview and record review, the facility failed to ensure the staff responsible for the facility's meals completed 2 hours of continuing education regarding nutrition and food service for one out of nine (Staff B) sampled staff members.

Findings included:

An employee record review showed that Staff B completed a 3 hour training program on Nutrition And Food Service on . The certificate expired on .

On at 3:15 PM, the Administrator stated that Staff B was one of the main staff members in charge of cooking and serving meals to the residents.

Class III

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

Based on interview and record review, the facility failed to ensure that one out of nine sampled staff completed a minimum of six hours' of training on working with individuals with mental health diagnoses

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SUMMARY STATEMENT OF DEFICIENCIES
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(Staff E).

Findings included:

An employee record review showed that Staff E, who was hired on , did not have any documentation or certification of attendance for specialized training on limited mental health issues.

On at 3:25 PM, the Administrator acknowledged that Staff E did not complete the training and stated she would will schedule Staff E to take it as soon as possible.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to update the status of all employees in the Clearinghouse.

Findings included:

Review of the facility record revealed that the old administrator had an end date as of . revealed the new administrator (Staff A) was listed as nursing assistant /patient aid as of .

On at 10:30 AM Staff I stated, "She started as the administrator after the old one , at the end of . She is not listed as administrator?"

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on interview and record review, the facility failed to have a signed Background Screening - Compliance Attestation for one out of nine (Staff E) sampled staff members.

Findings included:

An employee record review showed that Staff E, who was hired on , did not have any documentation of a signed Background Screening - Compliance Attestation form on file.

On at 3:25PM, the administrator stated that she would print out a copy of the attestation form and have Staff E read and sign the document.

Class III