STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967287	03/25/2019
NAME OF PROVIDER OR SUPPLIER **FAMILY FIRST ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15600 SW 143 AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint investigation (complaint number 2019003168) was conducted at Family First ALF, Inc on , . The facility had deficiencies identified at the time of the survey

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

Based on record review and interview the facility failed to honor one out of four sampled residents' rights to be free of reprisal (# 1). The facility threatened to discharge the resident because the staff believed that the resident's family member had filed a complaint.

Findings included:

On at 9:05 AM Staff B stated, "Yes you are here because the nephew of Resident # 1 called you. He said that was going to call you. I am going to give him the 45 days letter." He went to the backyard and we he came he told Staff C, "I called him and told him that he has to get her out of here. Call Administrator and tell her to write the 45 days letter."

On at 9:48 AM Staff C stated, "Resident # 1 was feeling sick and a lot so we called rescue and her was 400 and they took her to the hospital and she was ordered . She came from the hospital with the prescription. We called her nephew because she has HMO, for him to get a home health and he got mad at us and told us that he was going to call AHCA because AHCA had to solve the problem. At the end through the home health that used to come here before we found a home health that accepted her HMO. He did not do anything, we did everything.

Review of Resident # 1's record revealed that her nephew was her power of attorney and the healthcare surrogate. Revealed she was receiving home health services for administration of 10 units daily. The prescription for home health was dated .

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 3 out of four sampled trained unlicensed staff who had successfully completed 4 hours of assistance with self-administration of medication training completed an additional 2 hours of training (B, C and D).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Review of the personnel records revealed that Staff B and Staff C completed 4 hours of assistance with self-administration of medication on . There was no documentation reflecting that Staff D had received medication training.

On at 12:55 PM the Administrator stated on the phone that the nurse who provides the training was on vacation.

Class III

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

Based on record review and interview the facility failed to document having obtained informed consent for unlicensed staff to assist with self-administration of medications for two out of four sampled residents (# 1 and # # 3). The facility also failed to provide documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of four sampled residents (# 3).

Findings included:

Review of Resident # 1's record revealed that the informed consent to assist with self-administration of medications was not signed.

On at 11:01 AM Staff B stated that it was not signed because the nephew never comes inside the facility.

Review of Resident # 3's record revealed that the informed consent to assist with self-administration of medications was not signed. Revealed her contract had been signed by her daughter and there was no documentation appointing her as the resident's representative.

On at 12:05 PM Staff B stated, "When the daughter comes if I am not here nobody else give her the documents to sign." Stated , "Her daughter has not brought the power of attorney."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

Based on observation, interview and record review, the facility failed to develop written policies and procedures to ensure the facility could effectively activate and immediately operate while using an alternative power source. The facility also failed to provide evidence of notification of Emergency Environmental Control to two of four sampled residents (#1 and # 3).

Findings included:

On . . . . . at 11:15 AM, a generator was observed in a shed located in the facility's backyard. On at 11:20 AM, Staff B stated that he never tested the generator because he bought it brand new and thinks that since the generator is brand new, the generator should not have any issues; however, Staff C acknowledged that he should turn it on to see if it works. Staff B also stated that he does not know how many gallons of fuel he needs to operate the generator.

On . . . . . at 11:25 AM, when asked for the emergency power plan, Staff B stated that Staff A had told him they do not have any policies and procedures on their Emergency Power Plan.

Review of resident's records showed the notification of Emergency Environmental Control for Assisted Living Facilities letters were not signed for Residents # 1 and # 3.

On . . . . . at 10:15 AM, Staff C stated that Resident # 1's nephew never comes inside the house and only drops off a check in the mailbox; therefore, the nephew is never here to sign the documents. Staff C also acknowledged at 12:20 PM that Resident # 3's daughter did not sign the document and will call the daughter to come to the ALF and sign.

Class III