STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969210	**04/05/2019**
NAME OF PROVIDER OR SUPPLIER **ADA RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **230 SW 119TH AVE** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted at Ada Retirement Home Inc. on . The facility had deficiencies identified at the time of the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern.

Findings included:

Observation on at 9:45 AM showed that Staff D was on duty alone taking care of six residents.

Review of facility's record showed that the staff schedule posted on the bulletin board was for .

On at 1:30 PM, the Administrator confirmed that the staffing schedule posted was for .

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 provide documentation of two additional hours of training on assisting with self-administered medication training in compliance with the state regulation update effective , for three out of four (Staff A, B and C) sampled staff.

Findings included:

Personnel record review for Staff A, B and C showed no documentation of 2 hours additional continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

On at 1:15 PM, the Administrator stated that she and staff B and C received two hours additional continuing education training but the documentation was not in the facility.

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Class III

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

Based on record review and interview, the facility failed to provide documentation the staff received two hours of continuing education training in nutrition and food service for one out of four (Staff C) sampled staff.

Findings included:

Staff record review showed Staff C did not have documentation that she received two hours of continuing education training in nutrition and food service training. Staff C last nutrition training was dated .

Interview conducted on at 1:30 PM, Administrator confirmed that Staff C did not receive two hours of continuing education training in nutrition and food service.

Class III

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

Based on observation and interview, the facility failed to maintain the maximum of two beds in resident's room.

Findings included:

Observation on at 9:30 AM showed that Resident #2 had three beds. Resident #3, #4 and #5 resided in that room. The personal living space for each resident was less than 30 .

Interview conducted on at 1:15 PM, Administrator confirmed the findings and said that she would move one of the residents to another room.

Class III

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

Based on observation, record review, and interview, the facility failed to have proof of a satisfactory fire inspection. The facility failed to have an up-to-date admission and discharge record.

Findings include:

Review of facility record showed a fire inspection done on . . . . was unsatisfactory. The facility had four violations.

Review of the admission and discharge record showed Residents #3 was not listed and Resident #7 was listed as a facility resident. Resident #3 was admitted on . . . . . and Resident #7 was discharged on . .

Interview conducted on . at 1:30 PM, Administrator confirmed that the admission and discharge log was inaccurate, and the last fire inspection was unsatisfactory.

Class III

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

Based on record review and interview, the facility failed to have a completed health assessment for one out of six (Resident #3) sampled residents.

Findings included:

Resident record review of Resident #3's health assessment dated did not document if the resident was at risk of elopement, or if an assisted living facility could meet the resident's needs.

On . . . . at 1:30 PM, the Administrator confirmed that Resident's #3 health assessment was incomplete.

Class III

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

Based on record review, and interview, the facility failed to have documentation of a resident contract for

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one out six (Resident #3) sampled residents.

Findings include:

Record review showed that for Resident #3 admitted on . . . . there was no documentation of the contract with the resident.

On . . . . . at 1:30 PM, Administrator stated that she had Resident's #3 contract but she was unable to provide the documentation during the survey.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have . . . . monoxide detectors installed.

Findings included:

Observation on . . . . . at 11:40 AM showed there were no . . . . monoxide detectors installed.

On . . . . . at 1:35 PM, the Administrator acknowledged that the facility needed to install the . . . . monoxide detectors.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that one out of four sampled staff had an eligible level II background screening (Staff B) .

Findings include:

Staff record review showed Staff B had an eligible level II background screening dated . . . .

Review of the background-screening database showed the last level II background screening for Staff B was completed on . . . . and the results stated "Agency Review Required."

On . . . . at 1:30 PM, the Administrator stated that Staff B had an eligible level II background screening.

Unclassified