STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969168	R 04/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIDA CLARA ADULT CARE SERVICES LLC	**5890 SW 51 TER MIAMI, FL 33155**

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Vida Clara Adult Care Services LLC on . Deficiencies were identified at the time of the survey.

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

Based on observation, record review, and interview, the facility failed to have proper procedures in place in order to assist four out of seven sample resident who were at risk of (Resident #2, #4, #5, and #7). The facility failed to have written documentation for a resident who was admitted to hospice (Resident #1).

Findings included:

A review of the residents' files on showed that Resident #2, #4 and #7 were on precautions and Resident #5 was on "high risk of ." Further review of the facility's files showed a generic policies and procedures which was not specific to the facility and to its residents' needs. Bed rails previously observed during the biennial were removed. The facility had no preventive measure in place for .

A review of Resident #1's file showed that she was admitted to hospice on . The facility failed to have documentation for Resident #1 who was admitted to hospice services.

On at 8:20 AM, observed only 1 hospital bed with rails in the facility.

In an interview on at 12:39 PM, the Administrator/Owner said "okay."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on record review and interview, the facility failed to ensure that a third party provider who provided hospice services left documentation for services provided to one out of six sampled residents (Resident #1).

Findings included:

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A review of the residents' file on revealed Resident #1 was admitted to hospice on .
Further review showed no documentation of a hospice certification and care plan for Resident #1.

In an interview on at 12:39 PM, the Administrator/Owner stated "okay."

Class III

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

Based on observations and interview, the facility failed to discard medications for a resident who , in .

Findings included:

On at 12:33 PM observed in the staff bedroom a plastic bag full with medications that belonged to a resident who had , in (2018). Some of the medications's labels were scratched off.

In an interview on at 12:34 PM, the Administrator/Owner stated "these are for Staff C."

Uncorrected Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, and interview, the facility failed to keep all Over The Counter (OTC) products labeled and stored in a locked container or secure room in a central location within the facility.

Findings included:

During a tour of the facility on at 8:20 AM, observed in the employees' unlocked bedroom OTC product - Chlorure de ( ) and 325 mg. Further observation in # showed a Puracyn Plus ( ).

On at 8:36 AM the Administrator/Owner stated "these are my personal items."

Class III

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0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to have a high school diploma or equivalent in file for its Administrator. The facility also failed to have a copy of the CORE training documentation.

Findings included:

1) Review of the facility's personnel files on showed that the facility did not have a high school Diploma in file for the Administrator who was hired on .

In an interview on at 12:39 PM, the Administrator/Owner stated "okay."

2) Further review showed a documentation of a passing Core Competency test for the Administrator dated . However, a copy of the core training certificate was not in file.

In an interview on at 12:39 PM, the Administrator/Owner stated "if you give me a few minutes I can print it out." I asked my consultant for the certificate, that what she pulled out and printed for me."

Uncorrected Class III

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

Based on record review and interview, the facility failed to provide documentation of an updated annual Comprehensive Emergency Management Plan (CEMP) approved by the local agency.

Findings included:

Review of the facility record on revealed the facility did not have an approved Comprehensive Emergency Management Plan letter. Further review showed a CEMP receipt stated "submitted to Miami Dade county on ."

In an interview on at 9:13 AM, the Administrator/Owner stated "I don't have the CEMP letter. I sent it to the County. They have not sent it yet."

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, record review, and interview, the facility failed to store 48 hours of fuel onsite.

Findings included:

On at 8:20 AM during a tour of the facility 25 gallons (5 X 5) were observed in a storage located in the backyard.

In an interview on at 12:33 PM, the Administrator/Owner stated "the generator holds 8 gallons for 12 hours. I don't know where it is on the specification, but from using in the pass, it last 12 hours at full tank." The Administration was not able to provide the generator's specifications.

Uncorrected Class III

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

Based on record review and interview, the facility failed to have a copy of the eligibility results of employee background screenings in file for one out of three sampled staff (the Administrator).

Findings included:

A review of the facility's personnel files on revealed that the facility did not have a a copy of the background screening result in file for the Administrator who was hired on .

In an interview on at 12:39 PM, the Administrator/Owner stated "if you give me a few minutes I can print it out."

On at 12:49 PM the Administrator/Owner printed the background screening result and stated "here is my background screening result."

Uncorrected Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date employee roster in the Background Screening Clearinghouse Database.

Findings included:

A review of the facility's roster in the Background Screening Clearinghouse Database showed that Staff E was not listed on its roster (please refer to photographic evidence).

The Administrator provider Staff E's personnel file which included a copy of the background screen results, First Aid and training and control training.

In an interview on at 12:33 PM, the Administrator acknowledged the findings.

Unclassified

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

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Based on record review and and interview, the facility failed to ensure that one out of five sampled staff (Staff C) had a signed copy of the attestation of compliance with background screening requirements on file.

Findings included:

A review of the facility's personal file on revealed that the facility did not have an attestation of compliance with background screening requirements document in file for Staff C who was hired on .

During an interview on at 12:39 PM, the Administrator/Owner said "okay."

Class III