STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	R 10/12/2018
NAME OF PROVIDER OR SUPPLIER **CARY'S ADULT CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15765 SW 76 TERRACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR #2018007713) and a Monitoring (Generator) was conducted on 10/12/2018. Cary's Adult Care 2 with Limited Mental Health component, license #10796, had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review, and interview, the facility failed to have a health assessment completed within 60 days prior to admission into the facility or 30 days after been admitted in the facility for two out of six (Resident #4 and #7) sample residents.

Finding included:

A review of Resident #4's record (admitted on /1)7 and Resident #7's record (admitted on) showed that there was no health assessment on record for review.

Interviewed on at 11:02 AM, the Administrator stated, "I have the health assessments of Resident #3 and #7 at my home because I faxed them to their Medicaid program."

Class III

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

Based on observation, record review, and interview, the facility failed to have proof of a satisfactory annual sanitation inspection. The facility failed to have an effective liability insurance policy.

Findings included:

Observation on at 9:40 AM showed a sanitation inspection dated and a liability insurance policy from to posted on the bulletin board.

Facility record review showed that there was no current sanitation inspection or liability insurance policy available for review.

On at 1:00 PM, Staff A stated that the facility inspections and liability insurance were posted on

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the bulletin board.

Uncorrected
Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to acquire an alternate power source. The facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained. The facility failed to obtain the required fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. Additionally, the facility failed to notify its residents and their family or representative (in writing) of its emergency power plan.

Findings include:

An observation on at 10:40 AM revealed the facility did not have an alternate power source and did not have fuel onsite in case of an emergency or power outage.

A facility record review revealed that the facility did not have a written policy or procedure to educate and direct staff on how to operate and maintain the facility's alternate power source (generator). Additionally, the facility did not have a process to maintain or test the generator. Further review of the record revealed that the facility did not notify its residents and their family or representative (in writing) of its emergency power plan.

In a phone interview on at 10:57 AM, the Administrator stated the facility had a generator, but it was not onsite because a friend called and asked to borrow the generator for his mother who live in the county affected by the hurricane and could not afford to buy a generator.

Class III