STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967280	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **SPRING OF LIFE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11465 SW 57 STREET** **MIAMI, FL 33173**	

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

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

Based on record review and interview the facility failed to update the employment status of 3 out of 4 Staff (Staff B, C, and D) within the clearinghouse database.

Findings as follow:

On at 9:00 AM Staff B was observed working alone in facility with 6 residents.

Review of the clearinghouse within the background screening database showed Staff A, C, and D were listed as current staff on the employee roster.

On at 1:00 PM the Administrator stated Staff C and D were not facility employees. She stated that would include Staff B in the roster immediately.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A change of ownership survey was conducted at Spring of Life Care on . . . . Deficiencies were 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 observation and interview the facility used full bed rails as for 2 out of 6 sampled residents (Residents #3 and #5).

Findings as follow:

On . . . . . at 9 AM observed full bed rails on Resident #3's bed and Resident #5's bed, who had two half bed rails attached to one side of the bed.

On at 1:00 PM the Administrator stated Resident #3 uses bedrails because she suffers from nightmares and could during the night. She also said Resident #5 uses bed rails because he had imbalance and wake up a lot at night. She stated that will request the prescription to the doctors.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation and interview the facility did not have completed medication observation records for 4 out of 6 sampled residents (Residents #4, #5 and #6).

Findings as follow:

On at 9:15 AM the medication observation records showed the record was not completed for Residents #4, #5 and #6 on . . . . . at 7 AM.

On . . . . . at 9:15 AM Staff B stated that assisted residents to take medications at 7 AM but forgot to initial the MOR.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 out of 2 sampled staff (Staff A).

Findings as follow:

Record review showed the facility did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff A.

On at 1:00 PM Staff A stated staff conducted the test but the doctor did not sign the document.

Class III

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

Based on observation, record review, and interview the facility failed to maintain the minimum staffing hours per week and failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 9:00 AM observed Staff B in facility alone with six residents.

The staffing schedule review showed Staff C scheduled to work from 7 am to 7 pm and D from 7 pm to 7 am. Staff B was not on the schedule.

On at 11:00 AM the Administrator stated the facility had only two staff members (Staff A and B). She added that Staff C and D were not working in facility anymore.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to have 1 out of 2 Staff (Staff A) trained in and .

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

Findings as follow:

Record review showed the facility had no documentation of the / training for Staff A.

On at 1:00 PM Staff A stated believed that the training was in her record.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review, and interview the facility failed to have 1 out of 2 sampled staff (Staff B) trained in assisting residents with self administration of medications.

Findings as follow:

On at 12:50 PM Staff B was observed assisting Resident #4 with self administration of medications.

Record review showed the facility had no documentation of 6 hour medication training for Staff B. The facility had only a 4 hour medication training documentation dated , for Staff B hired on .

Class III

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

Based on observation and interview the facility was not maintained.

Findings as follow:

On at 9:00 AM it was observed the facility front exterior wall was not painted. It was also observed part of the ceiling in the kitchen over the cabinets had a brownish spot.

On at 1:00 PM the Administrator stated the owner of the house was making repairs and he had not finished it.

Class III

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

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

Based on record review and interview the facility failed to have a copy of the health assessment and documented for 1 out of 6 residents (Resident #3).

Findings as follow:

Record review showed the facility did not have a copy of a health assessment for Resident #3 admitted on . The facility neither documented Resident #3's when she was admitted to facility.

On at 1:00 PM the Administrator stated that she already requested the health assessment to Resident #3's doctor without success.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to have a copy of a written notification to 6 out of 6 residents and family (Residents #1, #2, #3, #4, #5 and #6) regarding the implementation of the emergency power plan.

Findings as follow:

Record review showed the facility did not have documentation that written notifications were given to residents or the family regarding the emergency power plan implementation.

On at 1:55 PM the Administrator stated that she had a copy placed on the board about the Emergency Power Plan implementation but it was not given to residents and family.

Class III