

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967685	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/05/2021
NAME OF PROVIDER OR SUPPLIER CARING ASSISTED LIVING II			STREET ADDRESS, CITY, STATE, ZIP CODE 13025 NW 2 AVENUE MIAMI, FL 33168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments A COVID-19 Monitoring was conducted at Caring Assisted Living II, Inc on A deficiency was identified at the time of the visit.	A 000			
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update the Medication Observation Records (MOR) each time the medication was offered when assisting five out of five sampled residents (Residents # 1, #2, #3, #4, and #5). Findings included: A review of the facility's Medication Observation Records showed the MOR was last initiated on for Resident #1, #2, #3, #4, and #5. On at 10:52 AM, the owner showed State Representative a text on her phone stating, "Can you give me a chance Please. It's the girl's fault. I promise it won't happen again." On at 12:00 PM, the owner showed a text on her phone which stated, "I'm sorry. She maybe forgot to sign it. I think it's kinda like my fault also because I should have checked it. Is it going to cost money? If you let it go this time, it will be corrected. Trust me." (sic) Class III	A 054			