Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966548	A. BUILDING: _____ B. WING _____	02/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEAVENLY HOME CARE OF FLORIDA, INC	17321 SW 109 AVENUE MIAMI, FL 33157

(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 Biennial survey was conducted at Heavenly Home Care of South Florida on . . . . . The facility had a deficiency at the time of survey.	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		

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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 maintain an accurate medication observation record (MOR) for 3 out of 5 residents who receive assistance with self-administration of medications (Residents #2, #3 and #4). Findings as follow: Review of medication observation record on at 10.00 AM showed: Resident #3's medications had been initialed as given until at 7.00 PM. The MOR was not marked after that date. Resident #2's medications had been initialed as given until at 7 am. The MOR was not marked after that day. Resident #4's supplement 325 mg tab was initialed in advance as given until at 6.00 PM. On at approximately 10:15 AM, Residents #2, #3 and #4 were interviewed and stated they took medications as the doctor prescribed. On at 11.00 AM Staff B (caregiver) stated the medication record was not updated after assistance was provided Residents #2 and #3 because the MOR was misplaced. Staff B acknowledged Resident #4's medications were marked before the medication was given to the resident. Class III	A 054		