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
	AL11922174	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURA'S ELDERLY HOMECARE, INC	19500 SW 127TH AVENUE MIAMI, FL 33177

(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 This was an unannounced complaint survey(CCR#2012008305) conducted on at Laura's Elder Care Home, an Assisted Living Facility. The compliant was unsubstantiated. There was a deficiency identified while conducting the complaint survey process.	A 000		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without	A 004		

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A 004	Continued From page 1 prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C. (5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter. (6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C. (7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws. (8) THIRD PARTY SERVICES. (a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or	A 004		

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A 004	Continued From page 2 their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident ' s record. (b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record. (c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observations, interview and a record review the facility has exceeded their licensed capacity. The findings include: 1. On The facility was entered at 9:19 a.m. There were two doors observed to be marked as " Private Property. " 9:44 a.m. a tour of the facility was conducted. The facility ' s license was observed on a wall. It revealed the facility is licensed for 6 residents. The administrator initially showed 3 resident as a part of the tour. The residents ' were marked by numbers which correspond to the numbered floor plan, which hangs on the hallway wall. The administrator stated # belongs	A 004		

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A 004	Continued From page 3 to residents #2 and #6, # belongs to Resident #1 and Resident #3, and # belongs to Resident #4 and Resident #5. At this time a total of six beds were observed. 2. Resident #1 was interviewed on at 9:49 a.m.. The interview revealed there are more residents in this facility than the facility is licensed to have. Resident #1 stated, "Down towards the laundry is another , besides where [The administrator ' s son] and his wife sleep. There's another that two more beds." He went on to say, "Those belong to Resident #2 and Resident #7." Resident #1 continued, "I believe there ' s got to be at least 3 people on the other side." Resident #1 was asked to list all the residents in the facility, not including the administrator and his family. The list included the names of 8 other residents (residents #2, #3, #4, #5, #6, #7, #8 and #9). 3. at 10:48 a.m. The area near the laundry was toured. One door lead to a the administrator stated is for his son. # (as denoted on the floor plan.)This observed to have two beds, two dressers, two TVs and two nightstands. 3 nasal spray bottles are observed in the nightstand on the left hand side of the . 2 of the bottles are empty. 1 of the bottles contains liquid (the nasal spray is 50 mcg). There is a tube of cream observed in the drawer. This cream has been opened and used. There are clothes in the closet. The administrator stated this is storage. There is mail in the nightstand on the right side of the Resident #2. The administrator stated he lets Resident #2 keeps his mail in this . When asked to tour the other side of the facility, the administrator refused stating that part of the facility is private property and not subject to touring.	A 004		

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A 004	Continued From page 4 4. 11:52 a.m. The administrator was asked about Resident # 7. He replied, "[Resident #7] is an independent person that has been here with us. His father and he left him here to care for." 5. On 1:02p.m. Resident #2 was interviewed. He stated that Reisdent #7 sleeps in the bed across from him. "When I got here he [Resident #7] was already here." "He is to a program. I think CHI." When asked how many people are living at this facility he stated, "Like 8. Include me and that makes 9." He was unable to recall all of the resident ' s names. He used description to list the resident ' s names he could not remember. He listed 9 residents. 6. 1:54 a.m. The administrator was re-interviewed regarding resident #7. The administrator maintained Resident #7 is an independent resident. When questioned about the medication for resident #7, the administrator admitted to providing assistance with self-administration of medication (a service reserved for Assisted Living Residents). He stated, " We keep his medication locked in storage and we supervise him taking it. The agreement with the family was for us to observe him take his medication." The administrator admits there are a total of 9 residents living in the facility, but he insist 3 residents (Residents #7, #8, and# 9) are independent residents. 7. at approximately 2:08 p.m. Resident #7 returned from his day program. He was interviewed at 2:11p.m. on the same day. When asked about the services he receives in this facility Resident #7 stated, "They help me a lot. " They take me to the hospital. They help me take them [his Medication] on time. They give them to me. I have a lot of physical ailments. I don't like to talk about it though." Resident #7 was asked where his medicine was stored. He	A 004		

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A 004	Continued From page 5	A 004		

replied, "They keep them in the back
Not this part of the house, but the other part."
"Yeah there locked up, they keep, them locked up." Resident # 7 was asked what services are included in his rent. He replied, "It includes and meals and getting my medication properly on time."
8. 3:25 p.m. Carmen stated, " Resident #8 and Resident #9 have sleep in the back (back area of the house.) They have their own ." She stated Resident #7 ' s medicine is kept in the office. She stated Resident #9 is, "suffering from sugar ( ). The medicine is kept in the [re]frigerator. "
9. at 4:16 p.m. In an interview with Resident #8 he stated he is a part of the Assisted Living Facility.
10. An Interview was conducted with Resident #9 on at 4:38p.m. Resident #9 was asked about the services included in his rent. He stated, "[the facility] Just provide medication, food three meals a day snack if necessary. My rent is $700 and everything is included you know that that's how ALF's (Assisted Living Facilities) are. I ' ve been in ALF all my life. This is not the first one." When questioned about his medication, Resident # stated, " Well they just dispense those [Medications] out whenever it ' s needed; like the doctor prescribes it." "They give them to me. They dispense them as far as the medicine as far the goes I do that. That ' s my responsibility. The pills they dispense them." " I ' m basically in an assisted living [facility]. This whole facility is assisted living it's not an apartment or anything."
11. An exit conference was conducted on at approximately 5:15p.m. When the administrator was notified of a citation for over capacity he attempted to disprove this by providing the contracts and an agreement for

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A 004	Continued From page 6 residents #7, #8 and #9. The " mutual agreement " for Resident #7 is dated . The facility ' s address is printed on the upper right corner of the document. The document is an agreement to provide " 3 meals a day including snack. Also laundry, housekeeping, storage of medication distribution of medication, arrangements of all medical appointments and transportation. " 12. 12:21 a phone call was received from Resident #9 ' s father. The father confirmed this facility is providing services reserved for assisted living facilities, such as assistance with self-administration of medication. The father stated Resident #9 rent includes, " and food. He [the administrator] does more than that. He makes sure he [Resident #9] takes his medication and stuff. [The administrator] keeps the medication for him and make sure he takes [it]. " Class: III	A 004		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Laura's Elderly Homecare, Inc
19500 Sw 127th Avenue
Miami, FL 33177

Re: CCR #2012008305

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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