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
	AL11910975	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING OF LITTLE HAVANA, INC	820 SW 20TH AVENUE MIAMI, FL 33135

(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 Complaint Investigation Survey (CCR # 2012009636) was conducted on [redacted]. Living of Living Havana, Inc. with a Limited Mental Health (LMH) component. had the following deficiencies.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or	A 055		

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A 055	Continued From page 1	A 055		

6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, ... , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification

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A 055	Continued From page 2	A 055		

and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure prescribed medications and over the counter (OTC) products were secured and out of sight of other residents at all times.

Findings Include:

Observations on at approximately 12:18 PM found the door to # open.
Observations found two beds in # without any residents present. Observations found Suspension USP next to its box with a prescription label for AC 2% Eye Drops for resident #2 on the nightstand in between both resident beds.

In an interview with the administrator on at approximately 12:19 PM, she stated the medications is for resident#2's eyes. She stated he does it by himself.

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A 055	Continued From page 3 In an interview with resident #2 on at approximately 12:57 PM, he inquired about his eyes drops and stated he needs them three times a day. He stated he has a but is at program now. In an interview with the owner and the administrator on at approximately 1:35 PM, they acknowledged the findings and the owner stated resident #2 went and got the eye drops himself. Class III	A 055		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings;	A 093		

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A 093	Continued From page 4	A 093		

2. Vegetables: 3 5 servings;
3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.

(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care

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A 093	Continued From page 5	A 093		

provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and

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shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to ensure dietary standards were met.

Findings Include:

Observations on at approximately 11:23 AM found the menu posted in the dining no current changes.

Record review revealed the following to be served for lunch on : "3oz of pork, 1t of white rice, 4 oz of red beans, ½ boniato, ½ fruit, 1t of fruit drink or milk." Record review revealed the facility did not keep menus, with substitutions, on file in the facility for six months.

In an interview with the administrator on at approximately 11:30 AM, she stated that each week she goes by the cycle. The first cycle is the first week, the second cycle is for the second week, the third cycle is for the third week, and the fourth cycle is for the fourth week of the month. She stated if there is a change for the day, they will write it down. She stated last week she put the menu {with changes} in the garbage. She

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A 093	Continued From page 7	A 093		

stated that before their food vendor brought pasta and pizza on the weekend and that was not following the menu but now they are because on the weekend many residents go to their families and they want other foods. She stated now she is following this {the menu} on the weekends. She stated she made the changes to the menu and wrote them down but they just threw it out.

Observations on at approximately 11:54 AM found the residents were served chicken, seasoned yellow rice, and fried plantains for lunch with a fruit juice. Observations found that the staff later brought out chewy bars as a side for the residents.

Observations on at approximately 11:57 AM, found a change posted on top of the menu for today's meal.

In an interview with the administrator on at approximately 11:57 AM, she stated that she called up earlier and asked what was being served but the just posted the change to the menu.

In an interview with resident #3 on at approximately 1:08 PM, he stated he looks at the menu and that they don ' t always serve what is listed on the menu. He stated they were serving too much pasta. He stated it didn ' t matter what the menu stated they would serve pasta.

In an interview with resident #5 on at approximately 1:22 PM, she stated they serve vegetables sometimes no fruits, but sometimes bananas.

In an interview with the owner on at approximately 1:35 PM, he stated the facility

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A 093	Continued From page 8 serves fruit cocktails to the residents. Observations on : at approximately 1:40 PM found fruit cocktail taken from the 3-day supply of non perishable foods with an expiration date of :. Observations found a can of sliced peaches with what appeared to be a rusted top without a date. Observations found six cans of pineapple chucks with a best is used by date of : 2011. Observations found other cans of tropical fruit salad with what appeared to be rusted tops without dates in the 3-day supply of non perishable foods. Observations found other canned foods, such as tuna, did not have rusted-like tops. In an interview with the owner on : at approximately 1:45 PM, he stated they do not have any fruit in the kitchen. He stated all the fruits the facility has is with the emergency stock of food. Class III	A 093		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility	A 152		

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A 152	Continued From page 9 supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment free of hazards, failed to ensure that all existing architectural, mechanical, and structural systems were maintained in good working order, and failed to ensure the each resident the minimum furnishings. Findings Include:	A 152		

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A 152	Continued From page 10 Observations on at approximately 12:06 PM found the window in the Men's the second not have blinds. Observations found the window was located next to the shower. Observations found the window faces a busy street. In an interview with the administrator on at approximately 12:07 PM, she stated she needs to change the blinds because one resident broke them. Observations on at approximately 12:13 PM found the panel to the light fixture in # was missing. Observations found one door to the closet was broken and currently located next to the entrance door in #. The closet currently only had one door attached. Observations found the vent in the ceiling of # was covered by a brownish substances. In an interview with the administrator on at approximately 12:14 PM, she stated when the guy came to fix the light he broke the panel last Sunday. She stated last night one of the residents broke the door off of the closet. She stated the vent was for the air and the substance was dirt. Observations on at approximately 12:18 PM found the vent in the ceiling of # was covered by the same type of brownish substance as seen on the vent in #. In an interview with the administrator on at approximately 12:19 PM, she acknowledged the vent was dirty in #. Observation on at approximately 12:30 PM found the vent in the ceiling of with minor brownish substance on it. Observations	A 152		

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A 152	Continued From page 11 found the ceiling tile attached to the vent appeared broken. Ceiling tile appeared as if it could [illegible] out. In an interview with the administrator on at approximately 12:30 PM, she stated the vent is clean, but when she observed the ceiling tile, she stated it was broken, "okay yeah, yeah." Observation on at approximately 12:34 PM found the vent in the ceiling of # with brownish substance. Observations found the blanket on the bed closest to the door had multiple holes in it. In an interview with the administrator on at approximately 12:34 PM, she acknowledged the findings in [illegible] #. Observations on at approximately 12:36 PM found a male resident lying under the blanket in # . The blanket that was being used had multiple holes in it. Observations found the light switch in # was broken and not flush up against the wall. In an interview with the administrator on at approximately 12:38 PM, she acknowledged the findings in [illegible] #. Observations on at approximately 12:38 PM found three beds in # . Three male residents were currently lying in their respective beds. Observations only found one dresser and one closet in the . Observations found the the closet doors were missing from the closet. In an interview with resident #6 on at approximately 12:38 PM, he stated he would like a closet with doors. He stated he also has to	A 152		

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A 152	Continued From page 12 share that closet. He stated he would like a nightstand for more . Observations on at approximately 12:41 PM found a sink without a front panel/door located in the to #. In an interview with the administrator on at approximately 12:41 PM, she stated she put the sink in only three months ago and one month later they broke it. Observations on at approximately 1:22 PM found a closet with missing doors in # belonging to resident #5. In an interview with resident #5 on at approximately 1:22 PM, she stated she would like a closet with doors. She stated she has to share it with her . She stated she would like a closet where she can hang her clothing because she could not hang them in there. In an interview with the owner and administrator on at approximately 1:35 PM, they acknowledged the findings and requested a list of the findings so they can begin fixing those items. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

[redacted], 2012

Administrator
[redacted] Living Of Little Havana, Inc
820 Sw 20th Avenue
Miami, FL 33135

Re: CCR #2012009636

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 12/14/2012 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,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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