

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964818</b>        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         | (X3) DATE SURVEY<br>COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BLUE POINT HOME CARE INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>21910 SW 97 COURT<br/>MIAMI, FL 33190</b> |                                                                                                                          |                               |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE      |
| A 000                                                               | Initial Comments<br><br>A Standard Survey was conducted on<br>30, 2013 at Blue Point Home Care Inc., ALF.<br>Deficiencies where found at time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 000                                                                                 |                                                                                                                          |                               |
| A 081<br>SS=D                                                       | 58A-5.0191(2) FAC Training - Staff In-Service<br><br>(2) STAFF IN-SERVICE TRAINING. Facility<br>administrators or managers shall provide or<br>arrange for the following in-service training to<br>facility staff:<br>(a) Staff who provide direct care to residents,<br>other than nurses, certified nursing assistants, or<br>home health aides trained in accordance with<br>Rule 59A-8.0095, F.A.C., must receive a<br>minimum of 1 hour in-service training in<br>control, including universal precautions, and<br>facility sanitation procedures before providing<br>personal care to residents. Documentation of<br>compliance with the staff training requirements of<br>29 CFR 1910.1030, relating to borne<br>, may be used to meet this<br>requirement.<br>(b) Staff who provide direct care to residents<br>must receive a minimum of 1 hour in-service<br>training within 30 days of employment that covers<br>the following subjects:<br>1. Reporting major incidents.<br>2. Reporting adverse incidents.<br>3. Facility emergency procedures including<br>chain-of-command and staff roles relating to<br>emergency evacuation.<br>(c) Staff who provide direct care to residents, who<br>have not taken the core training program, shall<br>receive a minimum of 1 hour in-service training<br>within 30 days of employment that covers the<br>following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident<br>neglect, and | A 081                                                                                 |                                                                                                                          |                               |

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

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ZDPZ11

If continuation sheet 1 of 9

Agency for Health Care Administration

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| A 081                                                               | <p>Continued From page 1</p> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility's personnel records did not include evidence of ADL &amp; Behavioral needs training, control training, elopement response training, emergency preparedness &amp; evacuation training, incident reporting training, residents rights training &amp; recognizing/reporting neglect &amp; training for 1 out of 4 (#4) sampled staff.</p> | A 081                                                                                     |                                                                                                                          |                               |

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| A 081                                                               | Continued From page 2<br><br>Findings include:<br><br>Facility's record review on _____, 2013<br>revealed that sampled staff #4 (hire date ____ / ____ / ____ )<br>record did not have any documentation verifying<br>ADL & Behavioral needs training, _____ control<br>training, elopement response training, emergency<br>preparedness & evacuation training, incident<br>reporting training, residents rights training &<br>recognizing/reporting _____, neglect &<br>_____ training                                                                                                                                                                                                                                                                                                                                                                                                               | A 081                                                                          |                                                                                                                          |  |                               |
| A 082<br>SS=D                                                       | Interview with staff #1 on _____ at 3:15 p.m.<br>staff #1 stated; " She is only here 2 or 3 times a<br>week, and then only to cook or clean, however I<br>will have all her training's scheduled as soon as<br>possible, one never knows when an emergency<br>will happen."<br><br>Class III<br><br>58A-5.0191(3) FAC Training - _____<br>(3) _____<br>_____. Pursuant to Section<br>381.0035, F.S., all facility employees, with the<br>exception of employees subject to the<br>requirements of Section 456.033, F.S., must<br>complete a one-time education course on<br>and _____, including the topics prescribed in the<br>Section 381.0035, F.S. New facility staff must<br>obtain the training within 30 days of employment.<br>Documentation of compliance must be<br>maintained in accordance with subsection (12) of<br>this rule.<br><br>This Statute or Rule is not met as evidenced by: | A 082                                                                          |                                                                                                                          |  |                               |

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| A 082                                                               | Continued From page 3<br><br>Based on staff record review and interview the facility failed to ensure that 1 out of 4 (#4) sampled staff had completed a one time education course on and<br><br>Findings include:<br><br>Personnel record review on , 2013 revealed sampled staff #4, (hire date ) did not have documentation of / training completed.<br><br>Interview with staff #1 on at 3:15 p.m. staff #1 stated; " She is only here 2 or 3 times a week, and then only to cook or clean, however I will have all her training's scheduled as soon as possible, one never knows when an emergency will happen."<br><br>Class III                                                                                                                                  | A 082                                                                                 |                                                                                                                          |                               |                          |
| A 084<br>SS=D                                                       | 58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt<br><br>(5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication | A 084                                                                                 |                                                                                                                          |                               |                          |

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| A 084                                                               | Continued From page 4<br><br>including how to read a prescription label;<br>providing the right medications to the right<br>resident; common medications; the importance of<br>taking medications as prescribed; recognition of<br>side effects and adverse reactions and<br>procedures to follow when residents appear to be<br>experiencing side effects and adverse reactions;<br>documentation and record keeping; and<br>medication storage and disposal. Training shall<br>include demonstrations of proper techniques and<br>provide opportunities for hands-on learning<br>through practice exercises.<br>(b) The training must be provided by a registered<br>nurse or licensed pharmacist who shall issue a<br>training certificate to a trainee who demonstrates<br>an ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in<br>accordance with Section 429.256, F.S., and Rule<br>58A-5.0185, F.A.C., including:<br>a. Assist with oral dosage forms, _____ dosage<br>forms, and _____ and nasal<br>dosage forms;<br>b. Measure liquid medications, break scored<br>tablets, and crush tablets in accordance with<br>prescription directions;<br>c. Recognize the need to obtain clarification of an<br>"as needed" prescription order;<br>d. Recognize a medication order which requires<br>judgment or discretion, and to advise the<br>resident, resident's health care provider or<br>facility employer of inability to assist in the<br>administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication; and<br>g. Recognize the general signs of adverse<br>reactions to medications and report such<br>reactions.<br>(c) Unlicensed persons, as defined in Section<br>429.256(1)(b), F.S., who provide assistance with | A 084                                                                                 |                                                                                                                          |                               |

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| A 084                                                               | <p>Continued From page 5</p> <p>self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that unlicensed personnel who provide assistant with self-administered medications received the initial 4 hours of training prior to assuming this responsibility for 1 out of 4 (#4) sampled staff.</p> <p>Findings include:</p> <p>Record review on _____, 2013 of sampled staff #4 did not have documentation of having received the required training in assisting residents with the self-administration of medication available at time of survey.</p> <p>Interview with staff #1 on _____ at 3:15 p.m. staff #1 stated; " She is only here 2 or 3 times a week, and then only to cook or clean, however I will have all her training's scheduled as soon as possible, one never knows when an emergency will happen. "</p> <p>Class III</p> | A 084                                                                          |                                                                                                                          |  |                               |
| AL243                                                               | <p>58A-5.0191(8) FAC LMH - Training</p> <p>(8) LIMITED MENTAL HEALTH TRAINING.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AL243                                                                          |                                                                                                                          |  |                               |

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| AL243                                                               | <p>Continued From page 6</p> <p>(a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:</p> <p>1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.</p> <p>a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.</p> <p>b. Staff in "direct contact" means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents.</p> <p>c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S., and subsection (1) of this rule.</p> <p>2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:</p> <p>a. Mental health diagnoses; and</p> <p>b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and crisis services and the procedures.</p> | AL243                                                                          |                                                                                                                          |  |                               |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BLUE POINT HOME CARE INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>21910 SW 97 COURT<br/>MIAMI, FL 33190</b>                                    |  |                               |
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| AL243                                                               | <p>Continued From page 7</p> <p>3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule.</p> <p>4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.</p> <p>(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have 1 of 4 (#4 ) sample staff trained in working with limited mental health residents.</p> <p>Findings as follow:</p> <p>Record review documented the facility had the LMH component on the license.</p> <p>Record review documented the facility failed to have proof of the limited mental health training for staff #4 (caretaker) hired on . . . . .</p> <p>Interview with staff #1 on . . . . . at 3:15 p.m. staff #1 stated; " She is only here 2 or 3 times a week, and then only to cook or clean, however I</p> | AL243                                                                          |                                                                                                                          |  |                               |

Agency for Health Care Administration

|                                                                     |                                                                                                                                            |                                                                                |                                                                                                                          |                          |                               |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11964818</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                         |                          | (X3) DATE SURVEY<br>COMPLETED |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BLUE POINT HOME CARE INC</b> |                                                                                                                                            |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>21910 SW 97 COURT<br/>MIAMI, FL 33190</b>                                    |                          |                               |
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| AL243                                                               | Continued From page 8<br><br>will have all her training 's scheduled as soon as possible, one never knows when an emergency will happen. " | AL243                                                                          |                                                                                                                          |                          |                               |



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

....., 2013

Administrator  
Blue Point Home Care Inc  
21910 Sw 97 Court  
Miami, FL 33190

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ....., 2013 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**  
Field Office Manager

AMD:sy  
Enclosure  
XG90

