

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER IZQUIERDO HOME CARE I			STREET ADDRESS, CITY, STATE, ZIP CODE 311 SW 62 AVE MIAMI, FL 33144		
(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 Standard State Licensure Survey was conducted in your Assisted Living Facility on 7/1/12. Census was 6 residents. Izquierdo Home Care I had deficiencies found at the time of the survey.	A 000			
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a _____ pressure _____ may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and 3. If the resident's condition fails to improve	A 010			

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

0099

2TPF11

If continuation sheet 1 of 37

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A 010	Continued From page 1 within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility 's license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident 's file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident 's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.	A 010			

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to discharge residents that no longer met admission criteria (#1#2,#3,#4). Findings include: 1. Observation on _____ around 9:30 a.m. found that residents #2, #3 and #4 were not able to perform activities of daily living as eating with supervision or assistance if necessary. Staff #1 was observed around 9:30 a.m. feeding resident # 2, #3 and #4 during breakfast. 2. Observation on _____ around 10 a.m. found that resident #1 and #3 were not capable of taking their own medications with assistance from staff if necessary. Interview of staff #1 on _____ around 10 a.m. revealed that residents #2, #3 and #4 are able to eat with assistance but it was easier for staff #1 to feed them for finishing earlier due to survey. Interview of staff #1 on _____ around 11 a.m. revealed that she knew it cannot be done but it was easier. Further findings: Observation on _____ between 8:36 am and 8:50 am revealed that staff #1 (administrator) was observed administer medications for resident #1 and #2, inserting medications inside residents' mouth with her hands. Record review for staff #1 revealed that she is not a Licensed staff. Administrator acknowledged the findings on _____ at 2:00 p.m.		A 010		

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A 010	Continued From page 3 Class III	A 010			
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline "1(800)96- or 1(800)962-2873" shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided	A 030			

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A 030	Continued From page 4 pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical _____ 429.28 Resident bill of rights.-	A 030			

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A 030	Continued From page 5 (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a _____ his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise	A 030			

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A 030	Continued From page 6 several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ill, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without retaliation, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.	A 030			

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A 030	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to comply with resident rights to privacy, to comply with resident rights to live in a safe and decent environment and to have prescription for 1/2 bed rails for 1 out of 6 sampled residents (#6). Findings include: 1. Observation on _____ from 8:00 a.m. to 8:10 a.m. found that staff #1(administrator) failed to knock prior entering #1, #2 and #3. Residents #1, #2, #3, #4 were observed sleeping at the time. Resident #5 was sitting at his bed. 2. Observation on _____ at 8:15 a.m. revealed that resident #1, #2, and #3 occupied #3. A door was observed on the right side from the entrance of the _____. The door leads to _____ # _____. Resident #4 occupied _____ # _____. Resident #4 had to go through _____ # _____ in order to enter or exit the _____. Staff #2 was observed entering and exiting the door several times in order to bathe resident #4. 3. On _____ at 8:47 a.m. staff #2 observed bathing resident #4 in _____ # _____. Blinds were open and resident was observed to be naked. Further findings: Observation on _____ at 8:00 a.m. revealed a foul odor of _____ in the living _____ and in _____ # _____. A crack on the ceiling was observed in the living _____, in the family _____, in the kitchen and _____ in _____ # _____. The light fixture in _____ # _____ was missing 2 out of 3 light bulbs. One light bulb was out of order in _____ # _____. 4. Observation on _____ at 8:00 a.m. found an	A 030			

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A 030	Continued From page 8 empty baby bottle under resident #1s sacrum. Administrator stated that they were using the baby bottles so residents can drink their milk at 5:00 a.m. Resident #2 and #3 were observed during the course of the survey drinking water from a baby bottle. Baby bottles were observed to be on top of the kitchen counter. At no time bottles were sanitized. 5. Observation on _____ at 8:00 a.m. revealed that there was half bed rails placed on each side of resident #6s beds. Record review for resident #6 found no prescription for the usage of half rails Administrator acknowledged the findings on _____ at 2:00 pm Class III	A 030			
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least _____, trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance	A 052			

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A 052	Continued From page 9 with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or	A 052			

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A 052	Continued From page 10 assessing a resident 's condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____, or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview facility's staff (#1) failed to follow proper procedures for assistance with self-administration of medication for 1 out of 6 sampled residents (#2). Observation on _____ around 8:36 a.m.	A 052			

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A 052	Continued From page 11 revealed that staff #1 assisted with self-administration of medications to resident #2 that was scheduled for 8 a.m. Staff #2 did not wash her hands or use hand sanitizer. Furthermore staff did not check medications with medication observation record (MOR). Interview of staff #1 on _____ around 8:40 a.m. revealed that she forgot to wash her hands or use hand sanitizer and she did not check medications with MOR because she already knew with medications resident #2 take at the time of the observation. Administrator acknowledged findings on _____ around 2 p.m. Class III	A 052			
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions or a significant change in the resident's health or behavior shall be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider shall also be documented in the resident's record. (c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct	A 053			

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A 053	Continued From page 12 himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on observation and interview failed to have a licensed staff to administer medications for 2 out of 6 sampled residents. include: Observation on : between 8:36 am and 8:50 am revealed that staff #1 (administrator) was observed administering medications for resident #1 and #2, inserting medications inside residents' mouth with her hands. Record review for staff #1 revealed that she is not a Licensed staff. Interview of staff #1 on around 11	A 053			

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A 053	Continued From page 13 a.m. revealed that she knew it cannot be done but it was easier. Administrator acknowledged the findings on at 2:00 pm.	A 053			
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall 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 shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054			

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A 054	Continued From page 14 Based on observation, record review and interview the facility failed to ensure that medication observation records (MORs) were appropriately maintained for 1 out of 6 (resident #2) sampled residents. Findings Include: Observation on _____ at 8:36 a.m. revealed that administrator signed MORs for resident #2 for _____ 10 mg as being given on _____ at 6 p.m. but it did not occur yet. Record review on _____ around 8:40 a.m. of resident #2's MOR revealed the resident Medication Observation Record (MOR) was already signed for _____ 10 mg as being given on _____ at 6 p.m. but it did not occur yet. Interview with administrator around 8:40 a.m. confirmed that she signed _____ 10 mg for _____ for 6 p.m. and it was only 8:40 a.m. on _____. The administrator confirmed it was an error and she should not have signed that the resident had received it. Administrator acknowledged the findings on _____ at 2:00 pm. Class III	A 054			
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	A 055			

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A 055	Continued From page 15 prescription and over-the-counter, in their both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the 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 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	A 055			

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A 055	Continued From page 16 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 and waiting at least 15 days, the resident's medications are still at the facility, the medications shall be considered abandoned and may be 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	A 055			

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A 055	Continued From page 17 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 facility failed to keep medicines locked all the times. Findings include: Observation on _____ at 8:20 a.m. revealed that Medicines were found unlocked in facility's refrigerator _____ Solution, USP 10g/15 ml Lot # 608602 Exp / / _____ Suppositories Lot # 010110032 Exp _____, 2 bottles of blink tears Lot # ZJ01008, Exp _____, 3 bottles _____ Z 0.004 % eye drop (for resident #5). Interviewed of administrator on _____ around 1 p.m., she stated that she did not that medicines need to be locked in the facility's _____, but she will ensure to keep medications locked. Administrator acknowledged the findings on _____ at 2:00 pm. Class III		A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug		A 056		

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A 056	Continued From page 18 containers, then the following information must be recorded on each individual container: 1. The resident 's name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident 's health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident 's medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident 's medication		A 056		

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A 056	Continued From page 19 observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable. (f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which shall also include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they shall be kept in a container that bears a label containing the following: 1. Practitioner's name; 2. Resident's name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview facility failed to provide right dose of medication to 1 out of 6 sampled residents (#5). Findings include:		A 056		

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A 056	Continued From page 20 Record review of medication observation record (MOR) on _____ around 1 p.m. for resident #5 MOR indicated medication to be assisted for self-medication administration was _____ 81 mg scheduled for 8 a.m. Observation on _____ around 1 p.m. medication for resident #5 revealed that medication available for resident was _____ 325 mg, the container for _____ 81 mg was empty. Interview of administrator on _____ around 1 p.m. revealed that facility run out _____ 81 mg and resident #5's family brought that _____ and administrator forgot to check dose. Administrator acknowledged the findings on _____ at 2:00 pm. Class III	A 056			
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, _____, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use. No other labeling requirements are necessary nor should be required.	A 057			

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A 057	Continued From page 21 (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider's order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider's order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to appropriate label Over the Counter medications for 5 out of 6 sampled residents (#1, #2, #3, #4, #5). Findings include: Observation of medicines that has no prescription or appropriate label over the counter medicines on _____ around 1 p.m. for resident # 4 has on her medication box _____ 100 mg Lot #37246 Exp _____, no prescription, OTC, no label, schedule to be given at 8 a.m. included on medication observation record (MOR); for resident #3 has on her medication box Iron tablets 325 mg Lot # 703B01 Exp _____, DOK 100mg Lot #X09697 Exp _____, Rena Vite Lot #112217 Exp _____, C 500 mg Lot #341701 Exp _____, schedule to be given at 8 a.m. included on MOR.; for resident #2 has on her medication box DOK 100 mg and Iron Tab 325 mg with no prescription, OTC, no label,	A 057			

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A 057	Continued From page 22 schedule to be given at 8 a.m. includen in MOR; resident #5 has his medication box Stool Softener 240 mg and 325 mg with no prescription, OTC, no label; resident #1 has on her medication box Stool Softener 240 mg with no prescription, OTC, no label. Interview with administrator on _____ at 1:20 p.m. revealed that facility failed to appropriate label over the counter medications. Administrator acknowledged the findings on _____ at 2:00 pm. Class III		A 057		
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview facility's administrator failed to obtain a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility on an annual basis.		A 085		

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A 085	Continued From page 23 Findings include: Record review for staff #1 (administrator hired) found that that she last obtained 2 hours continuing education in topics pertinent to nutrition and food services on . The training expired on . Administrator acknowledged the findings on at 2:00 pm Class III		A 085		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview facility failed to follow sanitary procedures in meal preparation.		A 092		

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A 092	Continued From page 24 Findings include: 1. Observation on _____ form 8:00 a.m. to 11:00 a.m. found that there were two containers with mixed vegetables on top of the kitchen counter. Administrator stated during interview conducted on _____ that she cooked the vegetables earlier in the morning and left the containers out to cool off before her place them in the refrigerator. 2. Observation on _____ at 8:00 a.m. found a baby bottle under resident #1s sacrum. Administrator stated that they were using the baby bottles so residents can drink their milk at 5:00 a.m. Resident #2 and #3 were observed during the course of the survey drinking water from a baby bottle. Baby bottles were observed to be on top of the kitchen counter. At no time bottles were sanitized. Administrator acknowledged the findings on _____ at 2:00 pm Class III		A 092		
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 DOEAs Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to		A 093		

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A 093	Continued From page 25 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; 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	A 093		

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A 093	Continued From page 26 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 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,		A 093		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER IZQUIERDO HOME CARE I			STREET ADDRESS, CITY, STATE, ZIP CODE 311 SW 62 AVE MIAMI, FL 33144		
(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 093	Continued From page 27 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 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 facility failed to have a current menu posted, to have substitutions noted before or when a meal was served, to encourage residents to eat at table in dining the dining area and to have a record of meals served in the last six months with substitutions noted. Findings include: 1. Observation upon arrival on _____ at 8:00 a.m. revealed that the menu posted in the facility's living _____ was the one of the week ending _____. One more menu was posted at the facility's refrigerator. Menu was not dated. 2. Observation on _____ from 9:15 to 10:00 a.m. revealed that the following was served to	A 093			

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A 093	Continued From page 28 residents. Resident #1, #2 #3 and #4 had a piece of bread and a bowl of pureed cereal with apple juice and ensure. Resident #5 had a bowl of dry cereal with, milk, juice and fruit cup. Menu posted indicated that the following was to all residents: cranberry juice, cereal, 2 slices of bread with margarine, coffee with milk and one banana. No substitutions were noted on the menu before or when the meal was served. 3. Observation on _____ from 9:15 a.m. to 10:00 a.m. found that staff #1 used a hospital table to place resident food and fed residents #1, #2, #3 and #4 one by one. Every time staff #1 finished feeding a resident she was observed transferring the hospital table to the next resident. Interview with resident #2 on 12:32 pm revealed that they bring her food at the hospital table every day and she never eats in the dining area located in the facility's kitchen. Observation on _____ from 1:35 to 2:10 a.m. found that again residents ate in the living _____ using a hospital table. 4. Record review revealed no record of meals served in the last six months with substitutions noted. 5. Observation on _____ from 1:35 to 2:10 pm revealed that the following was served to resident #1, #2, #3, and #4: a plate of pureed chicken with beans. Rice plantains and potatoes were not pureed. Resident #5 had chicken with potatoes, red beans, white rice, fried plantains, flan and water. Menu indicated that the following was to be served to all residents. Beef stew, lentil spout, with rice, tomato salad, flan, coffee and tea. No substitutions were noted on the menu before or when the meal was served.		A 093		

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A 093	Continued From page 29 Administrator acknowledged the findings on at 2:00 pm 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 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.	A 152			

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A 152	Continued From page 30 (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 facility failed to provide a safe environment to all residents. Findings include: Observation on at 8:00 a.m. revealed a foul odor of in the living and in # .. A crack on the ceiling was observed in the living in the family roo, in the kitchen and in # .. The light fixture in # .. was missing 2 out of 3 light bulbs. One light bulb was out of order in # .. Administrator acknowledged the findings on at 2:00 pm Class III	A 152			
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. 3. Race; 4. Date of birth; 5. Place of birth, if known;	A 162			

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A 162	Continued From page 31 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance _____; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider 's orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider 's order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident 's health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident 's contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident 's contract with the	A 162			

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A 162	Continued From page 32 facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for CF-ES 1006, _____ 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents	A 162			

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A 162	Continued From page 33 participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to have orders for services for 1 of 6 (#1) sampled residents. Findings as follow: Interview of staff #1 on _____ around 9:00 a.m. staff #1 revealed that resident #1 was _____ and a nurse came every day to check sugar level and administer _____ to resident #1. On _____ around 12:00 p.m. a person who	A 162			

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A 162	Continued From page 34 was introduced as a home health agency nurse stated came to check sugar level and administer to resident #1. Record review evidenced there was no a doctor order for the home health services for resident #1. Administrator acknowledged the findings on at 2:00 p.m. Class III		A 162		
AL243 SS=D	58A-5.0191(8) FAC LMH - Training (8) LIMITED MENTAL HEALTH TRAINING. (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: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. 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. 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. c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and		AL243		

AHCA Form 3020-0001
STATE FORM

Agency for Health Care Administration

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AL243	Continued From page 36 Based on record review and interview 1 out of 4 facility's staff (#1) lacked the 3 hours continuing education in topics related to Mental Health. Findings include: Record review for staff #1 (administrator, hired), revealed that she completed her initial 6 hours training on -. Further review revealed that staff did not have evidence of 3 hours continuing education in topics related to Mental Health. Administrator acknowledged the findings on at 2:00 pm Class III		AL243		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Izquierdo Home Care I
311 Sw 62 Ave
Miami, FL 33144

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
Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

