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
	AL11953412	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPINESS CARE CENTER II, INC	1105 W 2ND AVENUE HIALEAH, FL 33010

(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#2013003103 was conducted on & . Happiness Care Center II Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 025 SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the assisted living facility failed to provide personal supervision for 1 out of 7 (#2) sampled residents that was found hanging from the second floor balcony. The facility failed to observed the activities of the residents while on premise for 1 out of 7 (#2) sampled residents. The facility failed to ensure that all staff members present during an adverse incident had a completed personnel record which included training documentation and a completed level 2 background screening (Staff #5).

Findings include:

The facility tour on at 9:20 a.m. revealed that the facility had two stories (floors 1 and 2). Resident #2 resided in # on the second floor. The surveyor observed one surveillance camera affixed in the ceiling at the entrance of the second floor. The administrator stated that the facility has an electronic visual system capable to viewing some areas of the facility and monitored from his office.

Record review for sampled Resident #2 found that he was admitted to the facility on His Health Assessment dated indicated the resident was diagnosed with ( ) and by the Progress notes revealed Resident #2 came down to take his medications in the morning. He waited when all the residents came down to prepare for dinner and committed . The facility administrator received a call to inform him that Resident #2 committed . The facility

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A 025	Continued From page 2	A 025		

administrator contacted Fellowship House, and Resident #2 's physician.
Adverse incident report one day stated that on around 1:00 a.m. Resident #2 returned to the facility with all his properties in plastic bags from his parent 's house. He came down to take his morning medications with no problems. He was seen in the day with no apparent distress. He awaited when other residents came down and were preparing for dinner and took a rope and hung himself from the second floor balcony. 911 and parents were called. The police ruled it was a .
Adverse incident fifteen days report document Resident #2 verbalized to his mother that he might commit . He had verbalized at the beginning of been diagnosed with . Facility members and physician were not aware of what he had said to his mother.
Time sheets reviewed from the week of to revealed that Staff #2, caregiver worked from 6:00 a.m.-5:00 p.m. with one day off -66 hours weekly; Staff #3, cook worked from 6:00 a.m.- 6:00 p.m. on Monday and from 6:00 a.m. to 3:00 p.m. the rest of the week with Sunday off; Staff #4, caregiver worked from 3:00 p.m.-11:00 p.m. with one day off- 48 hours weekly; Staff #5, caregiver worked from 11:00 p.m.-7:00 a.m. with one day off- 48 hours weekly, Staff #6, caregiver-cleaning 2nd floor worked from 5:30 a.m.-8:30 a.m. with one day off- 18 hours weekly. The facility has a total of 180 hours staff/weekly. The facility with 27 residents is require to maintain a minimum of 294 hours staff/ weekly.

The surveyor was unable to count administrator hours because he did not sign time sheets and there was no staffing schedule for the month of available for review.

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A 025	Continued From page 3	A 025		

Record review and request for staff #5's personnel records on revealed that no record was available in the facility for this staff. Staff #5 was present at the facility during resident #2's .

Interview conducted with Staff #1, facility administrator on at approximately 11:20 a.m. confirmed that Staff #5 was the only staff member at the facility with the residents from 11:00 p.m.-7:00 a.m. and she had documentation that she received all the training and in-services including First- Aid and training before to provide services to the residents and completed a Level II background screening but her record was no available in the facility at the time of the survey.

The facility failed to observe the activities of the residents while on premise. The facility staff did not notice that Resident #2 did not came down with the rest of the residents to prepare for dinner and did not check the facility after all the residents came down. The facility staff did not notice the absent of Resident #2 from 3:00 p.m. to 3:40 p.m. until they were informed by the police that one resident committed at the facility.

Interview was conducted with Resident #2's father on at about 3:47 p.m. He stated that he picked up his son on at the facility on Wednesday, , 2013 and returned him to the facility on Sunday, , 2013 at 1:00 a.m. He stated that his son was depressed all the time. He gave him his medications on time. He did not remember the name of the staff that was working at the facility on Sunday, , 2013 at 1:00 a.m. because she was a new staff.

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A 025	Continued From page 4	A 025		

Interview conducted with Staff #1, facility's administrator on at about 11:10 a.m. revealed he received a phone call from the facility explaining that one resident committed He stated that Resident #2 left home with his father on Wednesday and returned to the facility on at 1:00 a.m. He came down to take his medications in the morning. He waited when other residents came down for dinner and took a rope and hung himself. His body was found hanging from the second floor. He used an ornamental iron fence that enclosing the balcony area to place the rope and hung himself. He contacted Resident #2 's family members and they came to the facility. The detective found a piece of the same rope that was used for Resident #2 to committee in another plastic bag in his . His father stated that the rope was one that he had at home. The facility administrator reviewed the video feed after the incident. Resident #2 checked every came out with a plastic bag in his hands. The plastic bag was found at the top of the plastic chair in the balcony. He stated that the video feed was not reviewed by the police. In addition he said that all the residents are independent and he counted his hours and the hours of Staff #3 because they provide services to the residents.

In an interview with Staff #3 on - at approximately 9:00 a.m. stated she prepares and serves breakfast, lunch and dinner for all residents.

Interview was conducted with Resident #2's psychiatrist on at 10:12 a.m. He stated that he have been his doctor since , 2003 to a span of time between approximately 2009 to 2010 had another psychiatrist covering the team. Mental history not

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advised that he had thoughts, part of the mental status evaluation is to check for thoughts. I have spoken to the family over the years over by phone and face to face and I do not recall being told he was . He was not depressed. He has , type and . The pharmaceuticals that he was on specifically would reduce thoughts. He was not taking for thoughts but he has been on multiple , , .

On at 10:44 a.m. Interview with Staff #2 revealed that Resident #2 was dropped off by his father at 1 a.m. In the morning, 8:30 a.m. he was sitting in bed eating a breakfast bar and took his medications. He did not come downstairs for lunch because he did not eat lunch. Lunch is served for 11:00 a.m. to 11:30 a.m. She now says that at about 2:20 p.m. she saw him walking upstairs in the hall. She stated she was cooking went the police arrived to the facility at about 3:50 p.m. to tell them that Resident #2 was hanging from the 2nd floor.
The other staff member present Staff #5, no longer works for the facility.

Interview conducted with the Detective on at 11:02 a.m. He stated that they received a call at 3:30 p.m. by a gentleman that was walking by. Dispatched at that time, officers arrived at 3:45 p.m. Officer wrote call came in by person that was walking by; ALF people did not know what happened. North side of building on the ally way. He interviewed the person running the facility Staff #1, no one else had any viable information. Spoke to also. No one saw what happened. Resident #2 hung by 2nd floor balcony. Autopsy ruled to be a and the case is closed.

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A 025	Continued From page 6	A 025		

Interview was conducted with Resident #6 on at 11:25 a.m.. He stated that he has been here 2 and 1/2 years. Resident #2 had been my over a year. We were close friends and I am surprised he took his life. I saw him with the cord, he was working on the red cord in the morning, making knots. I think I said what are you doing with that cord and he did not answer me. I went back to my they got Resident #2. We take medications at breakfast time downstairs, Tom had own medications, I think so. He took a lot of Pepto Bismal. Sometimes he would have to come down and Staff #3 would have to give him medications. At lunch, he had his own goodies with him potato chips, cake, he had his own things to eat. He never had breakfast, lunch and dinner with us. He usually stayed upstairs in bed. Staff come upstairs to knock on door to remind you its breakfast time and lunch time. If you are asleep they will knock on your door. Staff #2 and Staff #3 would be the ones to ask for his medications, I think it was I. I think Resident #2 had a social worker. I did not know what happened, they had to tell me what happened.

Interview was conducted with Resident #7 on at 12:13 p.m. She stated that she has been living here 5 years on the second floor. She know what happened to Resident #2, he hung himself, fire trucks came and we were wondering what happened. Staff went up to see what happened and started screaming. She wanted to see what had happened and went to the backyard I saw Resident #2 hanging with coming out of his mouth. I saw him earlier that day before I went to the program. He looked alright but he was quiet. He usually back and forth, open the door and close the door. He went to the day and he was naked and he

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A 025	Continued From page 7 stacked 3 rolls of toilet paper. He was back and forth but I don't know what his sickness was. He never ate here, they would bright him home 1 or 2 in the morning. Dad would bring him with bags of food. He always takes his medications and he took his medication that morning. Class II	A 025		
A 074 SS=D	58A-5.019(3)(b) Staffing Standards - Personnel File (BGS) (3) BACKGROUND SCREENING. (b) The results of employee screening conducted by the agency shall be maintained in the employee ' s personnel file. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide evidence of FDLE Level II background screening for Staff #5. The findings include: Time sheets review revealed that Staff #5, caregiver worked from 11:00 p.m.-7:00 a.m. from to . Record review and request for staff #5's personnel records on revealed that no record was available in the facility for this staff. Interview conducted with the facility administrator on at approximately 11:20 a.m. confirmed that Staff #5 is the only staff member at the facility with the residents from 11:00 p.m.-7:00 a.m. and she had documentation of a completed Level II background screening but her record was no available in the facility at the time	A 074		

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A 074	Continued From page 8 of the survey. Class III	A 074		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least ; and 2. Complete the core training requirement	A 077		

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A 077	Continued From page 9 pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review the facility failed to appoint in writing a manager for the facility. The findings include: Facility records review revealed the administrator supervised two assisted living facility. Facility record review revealed the facility did not have a manager appointed. Interview conducted with the facility administrator on at 12:30 p.m. revealed he did not appoint a manager for the facility. Class III	A 077		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit	A 078		

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A 078	Continued From page 10	A 078		

a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists.

(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.

(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.

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A 078	Continued From page 11	A 078		

(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to maintain time sheets for all the staff.

The findings include:

Time sheets review revealed that Staff #2 worked from 6:00 a.m.-5:00 p.m., Staff #3 worked from 6:00 a.m.-3:00 p.m. and Staff #6 worked from 5:30 a.m.-8:30 a.m from to . The facility did not have time sheets signed by the staff that worked at the facility from 5:00 p.m. to 6:00 a.m. since to .

Interview conducted with the facility administrator revealed that Staff #2 and #3 also have been working the shift of 5:00 p.m. to 6:00 a.m. since until he hire a new staff. He is the process of reviewing applications and interviewing new at this time. He stated that the facility has staff all the time.

Class III

A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels	A 079		

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:
Number of Residents Staff Hours/Week

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A 079	Continued From page 12	A 079		

0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of

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(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 079	Continued From page 13	A 079		

the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the

Agency for Health Care Administration

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	AL11953412	A. BUILDING: _____ B. WING _____	

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HAPPINESS CARE CENTER II, INC	1105 W 2ND AVENUE HIALEAH, FL 33010

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notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period and maintain the minimum staff hours per week.

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A 079	Continued From page 15	A 079		

Number of Residents 26-35 Staff Hours/Week 294

The findings include:

Observations on - at approximately 9:00 a.m. found Staff #2 and #3 were in charge of the facility at the time of the survey. Staff #3 was observed preparing the lunch at the time of the survey.

In an interview with caregiver #3 on at approximately 9:00 a.m. stated the current census is 27 residents. She stated that she prepares and serves breakfast, lunch and dinner for all residents.

Review of facility records found no written work schedule which had been maintained to reflect the 24 hour staffing pattern for the month of , 2013.

Time sheets review from the week of to revealed that Staff #2, caregiver worked from 6:00 a.m.-5:00 p.m. with one day off -66 hours weekly; Staff #3, cook worked from 6:00 a.m.- 6:00 p.m. on Monday and from 6:00 a.m. to 3:00 p.m. the rest of the week with Sunday off; Staff #4, caregiver worked from 3:00 p.m.-11:00 p.m. with one day off- 48 hours weekly; Staff #5, caregiver worked from 11:00 p.m.-7:00 a.m. with one day off- 48 hours weekly, Staff #6, caregiver-cleaning 2nd floor worked from 5:30 a.m.-8:30 a.m. with one day off- 18 hours weekly. The facility has a total of 180 hours staff/weekly.

Time sheets review from to revealed that Staff #2 worked from 6:00 a.m.-5:00 p.m., Staff #3 worked from 6:00

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a.m.-3:00 p.m. and Staff #6 worked from 5:30 a.m.-8:30 a.m from to . The facility did not have time sheets signed by the staff that worked at the facility from 5:00 p.m. to 6:00 a.m. since .

According to facility administrator Staff #4 and #5 do not work at the facility at present. Staff #4 last day was and Staff # 5 last day was .

Interview conducted with the facility administrator revealed that Staff #2 and #3 also have been working the shift of 5:00 p.m. to 6:00 a.m. since until he hire a new staff. He is the process of reviewing applications and interviewing new at this time. He stated that the facility has staff all the time. The administrator stated he counted the hours of Staff #2, cook because she cooks and provides services to the residents. In addition he works at the facility daily and provides care and services to the residents and he counted his hours in order to meet the staffing hours. In addition he stated that all the residents are independent.

The surveyor was unable to count administrator hours because he does not signed time sheets and there was no staffing schedule for the month of available for review.

Class III

A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service	A 081		

(2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents,

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A 081	Continued From page 17	A 081		

other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement.

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and ,

(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:

1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

(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

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A 081	Continued From page 18	A 081		

within 30 days of employment in safe food handling practices.
(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.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure that 1 out of 6 sampled employees (Staff #5) had received 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents.

The findings include:

Time sheets review revealed that Staff #5, caregiver worked from 11:00 p.m.-7:00 a.m. from to .

Record review and request for staff #5's personnel records on revealed that no record was available in the facility for this staff.

On at about 11:20 a.m. the facility administrator stated that Staff #5 was hired on and had 1 hour in-service training in control, including universal precautions

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A 081	Continued From page 19 and facility sanitation procedures before providing personal care to residents but her record was no available in the facility at the time of the survey. Class III	A 081		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and . . . . (4) FIRST AID AND . . . . . (. .). A staff member who has completed courses in First Aid and . . . . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or . . course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that Staff #5 who was left alone at the facility with the residents was trained in and First Aid. The findings include: Time sheets review revealed that Staff #5,	A 083		

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A 083	Continued From page 20 caregiver worked from 11:00 p.m.-7:00 a.m. from to Record review and request for staff #5's personnel records on revealed that no record was available in the facility for this staff. Interview conducted with the facility administrator on at approximately 11:20 a.m. confirmed that Staff #5 is the only staff member at the facility with the residents from 11:00 p.m.-7:00 a.m. and she has current training in and First Aid but her record was no available in the facility at the time of the survey. Class: III	A 083		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Happiness Care Center II, Inc
1105 W 2nd Avenue
Hialeah, FL 33010

Dear Administrator:

Re: CCR #2013003103

This letter reports the findings of a state complaint 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

/s Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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