STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966712	06/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & Y Caring And Loving Alf, Inc	22712 S W 103 Court Miami, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
A Change of Ownership (CHOW) survey was conducted in your Assisted Living Facility on M & Y Caring and Loving ALF, Inc. had deficiencies found at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff (#2) failed to follow appropriate procedure when assisted resident #5 with herself administration of her medication.

Findings include:

Observation on at 8:58 a.m. revealed that staff #2 unlocked the medication cabinet where all medications were kept and took a plastic cup with resident #5's names. Plastic cup contained resident #5's am medication.
She placed medication from plastic cup to resident #5's hands.
Resident took the pill and went to dining area. She sat and placed the pill in a napkin next to her plate. Staff #2 went to the began cleaning the facility.
On at 9:02 pm resident #5 pointed the pill to the surveyor and placed in her mouth. She then had milk.
Medication record review for resident #5 revealed the staff #2 had initialed the Medication Observation Record prior observing resident taking her medication.
Staff #2 prepared medications for the resident, did not verbally prompted her to take medications as directed, she did not observe the resident taking her medication and she marked the MOR in advance.

Administrator acknowledged the findings on at 2:00 pm

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to have freedom of statement for 1 out of 4 sampled staff (#1).

Findings include:

Record review for staff #1 (administrator hired) revealed that his last statement of on file dated - and expired on .

Administrator acknowledged the findings on - at 2:00 pm

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview facility failed to have substitutions noted before or when a meal was served.

Findings include:

Observation on at 8:58 a.m. revealed that the following was served to resident #5 cereals with milk. Menu posted indicated that the following was to be served to all residents: assorted juice, hot or cereal, 1 slice of bread with margarine, milk. No substitutions were noted before or when his meal was served.

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
M & Y Caring And Loving Alf, Inc
22712 S W 103 Court
Miami, FL 33190

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey that was conducted on June 12, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 8/10/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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