STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965710	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Yilliam Home	13888 Sw 18 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
A unannounced biennial Survey was conducted in your Assisted Living Facility on |- . Yilliam Home 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 (#3) failed to follow appropriate procedure when assisted resident #4 with her self administration of her medications.

Findings include:

Observation on |- at 1:40 pm revealed that staff #3 washed her hands and placed gloves. She took medications from medication cabinet and placed them in front of resident #4. She completed medications with Medication Observation Record (MOR) and marked MOR prior of assisting resident with her medications.
She took medication from and placed to a plastic cup and then into a pill crusher. She crushed the pill and mixed them with thickner. She told resident #4 "please open your mouth" and she placed mixture in resident's mouth with a spoon.
Staff #3 did not verbally prompted resident #4 to take medications as directed.

Manager acknowledged the findings on - at 2:00 pm

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation on |- at 9:05 a.m. revealed the medication box where the resident # 4's is kept was found to be unlocked in the facility's refrigerator.

Manager 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
Yilliam Home
13888 Sw 18 Terrace
Miami, FL 33175

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 (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 8/15/2013 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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