STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heartland Health Care Center-K	9400 Sw 137th Avenue Kendall, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Heartland Health Care Center had deficiencies found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed obtain a written order and consent for the use of half rails for 1 out of 6 residents.

Finding include:
1. Observation on at 12:25 p.m. revealed that resident #1 used half-bed rails.

2. Record review revealed that resident #1 had a written order for the use full bed rails dated . Further review revealed there no consent from resident #1 or thier representative for the use of half-bed rails.

3. Interview with the administrator on at 2:20 p.m. revealed they were not unaware that full bed rails was not allowed in assisted living facility.

Class III

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

Based on observation and interview the Assisted Living Facility failed to dispose expired medication.

Findings Include

1. Observation on at 12:25 p.m. of the facility nurse station's refrigerator revealed R vial received Exp Lot A864929C for resident #6 opened with no indication of opened date.

2. Interview with nurse on at 12:30 p.m. revealed that vial of R for resident #6 was opened sometime, but nurse did not remember when that happened and confirmed that expired 28 days after opened.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heartland Health Care Center-K	9400 Sw 137th Avenue Kendall, FL 33186	

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

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the Assisted Living Facility failed to label over the counter (OTC) products as required.

Findings include:

1. Observation on at 12:25 p.m. in facility nurse station's medication cart 2 bottles of 500 mg, one bottle of Daily and two bottles of Anti- that had instructions to take medications but medications were not labeled with residents' name.

2. Interview with nurse on at 12:30 p.m. revealed that there was not any specific resident taking those medicines at the time of the survey, facility had those medications for when they are needed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Heartland Health Care Center-K
9400 Sw 137th Avenue
Kendall, FL 33186

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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 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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