STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967711	06/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Diaz Home Care Alf Ii, Inc	12211 Sw 268 Street Homestead, FL 33032	

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

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Diaz Home Care ALF II, Inc had deficiencies found at the time of the survey.

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

Based on observation, record review and interview Assisted Living Facility failed to dispose expired medication which had been abandoned within 30 days of being determined abandoned and expired as well as keep medications locked at all times for two out of four sampled residents (#1 and #2).

Findings include:

1. Observation on at 12:20 p.m. revealed that TBC Spray Exp for resident #1 was in locked medication closet and on at 12:25 p.m. was observed the following medications for resident#2 unlocked in facility's refrigerator: 4 boxes with 5 pens each, of which 2 boxes were of Flex Pen and 2 boxes were of Lantus.

2. Record review on revealed that resident #1 date of admission was and discharged date was .

3. Interview with administrator on at 2:10 p.m. revealed that administrator forgot to dispose TBC Spray after resident #1 was discharged from the facility, and medications found unlocked in facility's refrigerator for resident #2 were forgotten to be put in a locked box.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview Assisted Living Facility failed to maintain facility's emergency management plan with documentation of review and approval.

Findings include:

1. Record review on revealed that last emergency plan in file was .

2. Interview with administrator on at 2:10 p.m. revealed that the last emergency plan was .

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Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview Assisted Living Facility failed to have documentation of compliance with level 2 background screening for one staff (#1).

Findings include:

1. Record review for staff #1 on revealed that facility did not have documentation of compliance of staff #1 with level 2 background screening. Background screening result in AHCA background unit website indicated that staff #1 was eligible since .

2. Interview with administrator on at 2:10 p.m. revealed that facility failed to obtain documentation of compliance of staff #1 with level 2 background screening.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview Assisted Living Facility failed to employ or contract a nurse(s) who shall be available to provide limited nursing services.

Findings include:

1. Record review on revealed that there was not employee application or contract with a nurse who shall be available to provide limited nursing services.

2. Interview with administrator on at 2:10 p.m. confirmed facility did not have employee application or contract with the nurse who will provide limited nursing services.

Class III

AHCA

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Diaz Home Care Alf II, Inc
12211 Sw 268 Street
Homestead, FL 33032

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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