STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966031	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Endless Home Care Iii	**9125 Sw 166 Avenue Miami, FL 33195**	
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced Biennial Standard Survey was conducted on , 2013. The Endless Home Care III had deficiencies found at the time of the visit.

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

Based on observation and interview, the facility failed to label over the counter products (OTC), failed to separate residents ' medications, and failed to properly dispose of abandoned medications.

Findings include:

Tour conducted on at 9:30AM of two walk-in closets revealed over the counter products (two A ointments, nasal relief spray pum, gas relief tablets, E pills, anti- tablets, 81 Mg, 200 MG tablets,). The OTC had resident #1 ' s name written on it. There were prescribed medications for resident #1 and resident #4. There were a brown paper bag and a yellow plastic bag filled with medications for a discharged daycare resident and for resident #3. There was a specimen container that contained a dark greenish liquid, it was not labeled. The over the counter products and the medications located in the two walk in closets were mixed together and not separated according to the residents ' names.

Inside of the designated centrally stored medications cabinet revealed 7 Lancets boxes that did not have a label and 1 Lancet box for a discharged resident.

On at 9:30AM, staff #3 referred to the over the counter products as belonging to her and not to any of the residents. On at 9:57AM, the administrator acknowledged the findings and said that she will return the medications to the Pharmacy. The administrator said the Lancets boxes were for a resident that had been discharged for almost two years. The administrator acknowledged that the container with the dark greenish liquid, was a that belong to resident #4.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966031	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on observation, record review and interview, the facility failed to provide documentation showing the designated manager has completed the CORE training requirement.

Findings include:

Record review revealed staff #2 to be the designated person in charge in the absence of the administrator. A review of staff #2 ' s file revealed no documentation showing he had completed the CORE training requirement.

On at 12:35 PM, the administrator acknowledged that staff #2 had not taken the CORE test but have completed the CORE training course, but the administrator did not have the certificate.

On at 12:47 PM, the administrator acknowledged supervising more than one Assisted Living Facility (ALF).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August, 2013

Administrator
Endless Home Care III
9125 Sw 166 Avenue
Miami, FL 33195

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 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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