STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965648	07/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cleria Family Home	4911 Sw 132 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Survey was conducted on , 2013 at Cleria Family Home. The following deficiencies were identified at time of survey.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, record review, and interview the facility failed to ensure that 4 out of 6 (#3, 4, 5, and 6) sampled residents medication observation record was maintained.

Findings include:

Record review of the medications book found medications for R#3 HCTZ was not initialed for 8 a.m. on , 2013.

R#4 medications were not initialed on , 2013. The medications: Mupricin 2% cream, 20 mg, CL 20 meq were not initialed from 1 to , 2013.

R#5 20 mg, and Prandin 1 mg 8 a.m. and PM were not initialed on , 2013.

Resident #6 was not initialed on ,8, 10-12, 2013 for 8 a.m. medications, C 500 mg, 1 mg, ; 10 mg, , 1 mg, /Levo SA alopram , Betameth cream, 0.05% cream, 150 mg, Risperadol 0.5mg, HBR 10 mg, 15 mg, 2% cream.

The 8 p.m. medications not initialed from , to , 2013 were 325 mg, 12%, 1 mg, 20 mg, SDD 1% cream, 2% cream.

Record review of medication book does not have any notes and documentation of why these medications were not given.

Interview on , 2013 at 1:00 p.m. with the administrator and staff acknowledge she did not follow the proper procedure for assisting with medications & will retrain all of her staff.

Class III

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

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a signed informed consent for unlicensed staff to assistance with medications for 1 out of 6 (#6) sampled residents.

Findings include:

Observation made on , 2013 at 1:30 p.m. of staff C assisting all residents with medication assistance.

Record review found that the facility did not have signed informed consent for unlicensed staff to assist with self administration of medications for resident #6 in her file.

Administrator stated on , 2013 at 1:30 p.m. staff C has taken the training and does not know where certificate is." I will schedule him do the training again."

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC

Based on record review and interview the facility failed to provide a current approval letter from the county emergency management agency.

Findings include:

Facility's record review on , 2013 revealed the facility did not have a current emergency plan approval letter.

Interview with the administrator on at 2:30 p.m. stated, "We submitted it and they have not sent it to us. I call and faxed them. The guy is on vacation."

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview failed to obtain 6 hours training in relation to Mental Health for 1 out of 5 (#B) sampled staff.

Findings include:

Record review done for staff #B found that she was hired on . Further review revealed that staff did not yet obtain the initial 6 hours training in relation to Mental Health .

Administrator stated on , 2013 at 1:30 p.m. staff B took it a while ago and does not know where certificate

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Cleria Family Home	**4911 Sw 132 Avenue Miami, FL 33175**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

is." I will schedule her for the next one."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cleria Family Home
4911 Sw 132 Avenue
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.

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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