STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	07/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Caridad Del Cobre Alf	1310 Sw 76th Avenue Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was done at La Caridad Del Cobre ALF on , 2013. The following deficiencies were found at time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain a complete Health Assessment for 4 out of 5 sampled residents (#1, # 2, # 4, # 5).

Findings include:

Record review of residents #1, # 2, # 4 and # 5 on revealed that the Health Assessments were missing the name of the examiner, the address, the phone number, the tittle and the date of the examination. Record review for resident # 2 revealed that resident needs assistance with administration of medications but did not specify what type of assistance.

Interview with administrator on at 1pm acknowledged the findings. Interview with administrator revealed that these Health Assessments were done at PACE and that doctors there are always in a hurry and do not take time to finish the health assessments. Administrator stated that she did not know that current medications needed to be listed or attached to Health Assessment.

Class III

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

Based on observation, record review and interview facility failed to maintain an accurate and updated Medication Observation Record (MOR) for 1 out of 5 sampled residents (# 1).

Findings include:

Observation on at 11:30 am of resident # 1 bingo cards revealed that resident takes in the morning 1 mg daily, there should be 7 tablets left in bingo card, there were 10 tablets left (22-31, 2013); 325 mg daily, there should be 7 tablets left in bingo card, there were 11 tablets left (21-31, 2013).

Record review on at 11:30 am of resident # 1 Medication Observation Record revealed that all medications are signed as given in Medication Observation Record sheets , no documentation of resident # 1

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refusing to take the medications. Medication Observation Record sheets only had the medication name, no dosage, no frequency and no administration route; had no and no diagnoses listed.

Interview with administrator on at 11:40 am she acknowledged the findings. Interview revealed that administrator forgot to completely fill out the Medication Observation Record sheets . Interview revealed that sometimes resident # 1 refuses to take the medications and she signed them as given because she did not know that she had to document that resident refused to take the medications in the back of the Medication Observation Record sheets.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to provide a heath care provider freedom from statement on an annual basis for 1 out of 1 sampled staff.

Findings include:

Personnel record review of administrator on revealed that last freedom from statement was done on (more than 2 years ago).

Interview with administrator on at 10:30 am she acknowledged the findings. Administrator stated that she will go to her doctor next day to get a new freedom from statement done.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
La Caridad Del Cobre Alf
1310 Sw 76th Avenue
Miami, FL 33144

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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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