STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967094	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tere's Senior Care	17950 Sw 155 Court Miami, FL 33187	

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 - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Service Monitoring Survey was conducted on , 2013. Tere's Senior Care 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 the assisted living facility failed to ensure medications are locked at all times as well as to dispose abandoned medications of a resident who more than 45 days ago for 1 out of 1 sampled residents (#1).

Findings include:

1. Observation on at 10:20 a.m. revealed that inside facility's refrigerator was found unlocked the following medications: Comfort pack, 650 mg introduce 1 (-650 mg) by the every 6 hours as needed for pain and (3 packs). 10 mg suppositories 12's, unwrap and insert one , daily as needed for 100 mg/ 5 ml susp take 200 mg to 400 mg (10 ml to 20 ml) every 8 hours as needed. Ipatro/ albut 0/5-2.5 mg/3 ml, empty one ampulle in the and inhale by mouth every 6 hours as needed for .

2. Record review of admission and discharge log revealed that resident #1 was admitted to the facility on and was discharged on -reason- .

3. Interview with administrator by phone on at 10:40 a.m. revealed that resident #1 was not a resident of the facility for a few months due to he and she was unaware that those medicines were still in the facility.

Class III

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

Based on record review and interview the assisted living facility failed to employ or contract a nurse who shall be available to provide limited nursing services.

Findings include:

1. Record review revealed that qualifications of new nurse providing limited nursing services was not in the facility's personnel files, there was not an employee application or contract.

2. Interview with administrator by phone on at 10:40 a.m. revealed that she was in the process on

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changing the nurse, and facility is using a new nurse but they have not signed a paper or have any documentation yet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tere's Senior Care
17950 Sw 155 Court
Miami, FL 33187

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 Kristal Branton, Health Facility Evaluator Supervisor.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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