STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968105	08/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nuestra Casa Ii Inc	2832 Giuliano Ave Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility biennial relicensure survey was conducted on . Nuestra Casa II Inc., had licensure deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC

Based on observations, interviews and record review, the facility failed to obtain Agency approval prior to increasing its capacity from 6 to 7 residents (Resident #7) .

The findings include:

Resident #7 was observed on beginning at 9:32 AM through 5:55 PM, seated in a chair in the day , or moving about the facility and taking meals. He was observed to have a bent-over posture and used a walker to ambulate.

In an interview conducted at 9:32 AM, the Administrator and Manager stated they had six assisted living residents, two adult day care participants, and one independent resident. They stated Resident #7 was an independent resident. They stated they provided no assistance with activities of daily living for him. His contract and any other records were requested for review.

In an interview conducted at 11:40 AM, Resident #7 stated he was , he lived there since and pays $2000 per month to live there. His medical conditions included history of a slipped disk with lower back pain, he takes a for a condition, an anti-irritant and sunglasses for his and a home health nurse comes every month to check his . Facility staff store his medicine in a large locked box along with a list of his medicines from the pharmacy; he receives his pills every morning (at bedside) and every evening; the staff make sure he doesn't miss any pills, and reminds him to take them when he goes out.

The facility maintained a three-ring binder with sections for medical, monitoring, emergency and other

information related to Resident #7's health and medical needs, including medication information. The binder was very similar to the binders maintained for the facility's six residents.

Further review of his records revealed a one-page contract titled, "ALF Resident Agreement Independent Resident Services". The section titled, "Admission Policies" documented, "Admission Criteria - In order to be admitted a prospective resident must be: ... Able to perform activities of daily living with assistance/supervision; able to transfer with assistance if necessary. Capable of taking medications with assistance if necessary ..." and other criteria normally found in an assisted living facility resident contract. The agreement mandates, "medical and personal information must be provided to the facility prior to or upon admission. Medical information will be on the Health Assessment (form 1823) for Assisted Living Facilities. The agreement included an option for maintaining "Resident's personal funds". The agreement was signed by the "Patient" on [redacted] and was counter-signed by the Administrator.

In a subsequent interview conducted [redacted] at 5:22 PM, the Administrator and Manager presented a large locked box with Resident #7's medications and medication observation record. They stated they did not know they were not allowed to help independent renters with medications. They acknowledged providing assistance with self-administration of medications, the contract executed between the facility and resident, and the records maintained by the facility qualified Resident #7 to be an assisted living resident rather than a renter.

Review of the facility license revealed an Agency approved capacity of 6 residents. During an interview conducted with the Administrator on [redacted] at 5:30 PM, it was revealed this was the current license and no further documentation available for review.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review, observation and interview, the facility failed to ensure that facility staff who have regular contact with or provide direct care to residents with [redacted] and Related [redacted] (ADRD) have the required 8 hours of ADRD training, for 3 of 3 sampled employees (Employee A, B and C).

The findings include:

In an interview conducted on [redacted] at 3:00 PM with the Administrator and the Manager they stated that they consider the facility a secured facility and during the admission process they do emphasize the secured premises.

An observation made on [redacted] at 11:10 AM of the outside of the facility revealed that the entire perimeter of the facility was enclosed with a white [redacted] fence approximately 4 feet high and the

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only means to exit was through a gate at the front of the property with a push button code mechanism.

A record review of Staff "C"'s personnel file revealed that she had not completed the required ADRD Level I training. A record review of staff "A" and "B"'s personnel file revealed that they had not completed the required ADRD Level II training.

In an interview conducted on at 5:00 PM with the Manager she confirmed the findings, and stated that she will ensure that it is completed

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days, for 1 out of 3 sampled employees (Employee C).

The findings include:

A record review of Staff "C's" personnel file revealed that the last Level II Background Screening was completed on , her date of hire was . Her employment application dated indicated a question as to if she has already had a background screening conducted and was checked yes, and a subsequent question of how long ago, with the employee reflected 2 year 7 months. Her work history revealed a total of 1 year 3 months of employment.

In an interview conducted with the Manager of the facility, she stated that she thought the background screening was good for 5 years and did not know that if the employee is unemployed for more than 90 days a new background screening would have to be completed.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Nuestra Casa II Inc
2832 Giuliano Ave
Lake Worth, FL 33461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative 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 **2013** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD
Enclosure

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