STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint investigation (CCR2013006321) conducted on . My Bells ALF had the following deficiencies at time of survey

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and intervew the facility failed to honor residents rights by not providing a safe private and decent living condition ( ) to 1 of 4 (#4) facility residents.

Findings as follow:

Observation at 9:30 a.m. Resident #3 was observed sleeping on a folding bed in a space that is continuous to the kitchen and the dining . In the same space on the right side of folding bed is a shelf with 8, 5 gallon, bottles of water, with a wall with a closed door leading to the facility back patio on the other side. In order for the resident to get ot of bed, the resident has to scoot to the top of the bed.

In the form the contiuous pace that is a bed with 1 table and 2 chairs, a sofa and a portable closet. This one side of the entrance space with a clear glass door and on the other side a blue curtain that did not cover the space in its entirety. The interior of the be seen from the dining all times. The a closed door that gave access tto the facility back patio and had another door giving access to the kitchen that was closed.

On at about 4:00 p.m. the facility administrator stated understood was violating resident #3 rights by having resident sleeping in a folding bed in a space that was not a also stated resident #4 was sleeping in that space due to resident wanted to. On at about 4:00 p.m. the facility administrator moved resident #3 to the empty # .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, record review and interview the facility failed to follow the correct procedure when assisting with self administration of medications.

Findings as follow:

On at about 12:05 p.m. staff #2 was observed assisting resident # 1 with self administration of medications. The m edications for facility's residents were in a metal box. Each resident name was written on a paper with a cup with pills (already poured in the cup) belonging to each resident placed on top.

Staff #2 took a cup of water and then took a cup with 2 pills belonging to resident #1 and gave it to the resident. Resident #1 took the medications from the cup and swallowed them. Caretaker observed resident doing that. Caretaker did not prompt medications. Staff #2 was asked the name of medications given but could not recall the information. Staff #2 did not notate in the MOR the medications that were administered. When asked about theMedication Obsrevation Record (MOR,) staff #2 stated the administrator had the MOR locked as to why she could not notate the medication observation.

On at about 4:00 p.m. the facility administrator stated she left the medications prepared due to the fact she was not going to be in facility. Also stated left the MOR locked to keep the residents confidentiality. Also confirmed staff #2 did not follow the correct procedure when assisting resident #1 with self administration of medications.

Class III

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

Based on observation record review and interview the facility failed to have an accurate MOR for 3 (#1, #2, #3) of 4 facility residents.

Findings as follow:
On at about 12:05 p.m. staff #2 was observed assisting resident # 1 with self administration of medications. The m edications for facility's residents were in a metal box. Each resident name was written on a paper with a cup with pills (already poured in the cup) belonging to each resident placed on top.

Staff #2 took a cup of water and then took a cup with 2 pills belonging to resident #1 and gave it to the resident. Resident #1 took the medications from the cup and swallowed them. Caretaker observed resident doing that. Caretaker did not prompt medications. Staff #2 was asked the name of medications given but could not recall the information. Staff #2 did not notate in the MOR the medications that were administered. When asked about theMedication Obsrevation Record (MOR,) staff #2 stated the administrator had the MOR locked as to why she could not notate the medication observation.

Review of the MOR also documented medication 240 mg 2 caps at bedtime 8 pm, for resident #2 had in handwriting 8 am over the printed 8 pm.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	**08/27/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	**2161 Sw 24 Street Miami, FL 33145**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On at about 4:00 p.m. the facility administrator stated the MOR for residents #1, #2 and #3 was not accurate because the administration of medications to those residents on , 8:00 a.m. and at 8:00 p.m. were not documented. The facility administrator also stated had the MOR locked to preserve the residents privacy.

Class III

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

Based on observation and interview the facility failed to store medications appropiately.

Findings as follow:

On at about 10:00 a.m. observed a box with a bottle of Lumigan 0.01 % (solution) belonging to resident #2, on the dining . Interview with caregiver about the unlocked medication stated was left there by mistake.

On at about 1:00 p.m. the facility administrator aknowledge findings.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to have at least 1 staff present with the and First Aid training.

Findings as follow:

On at about 9:30 a.m. it was observed staff #2, alone in facility with 3 residents.

Record review revealed the facility had no proof of the and First Aid training for staff #2 , (hired approximately 15 days ago prior to survey).

On at about 4:00 PM the facility administrator stated the facility failed to have at least 1 staff present at all times with the and First Aid training by having staff #2 alone in facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	

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

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review and interview the facility failed to have an employment application with references for staff #2 (caretaker)

Findings as follow:

On at about 9:30 a.m. staff #2 (caretaker) was observed in facility with 3 residents.

Record review documented the facility failed to have an employment application with references for staff #2 (caretaker)

On at about 4:00 p.m. the facility administrator stated the facility failed to have an employment application with references for staff #2 (caretaker)

Class III

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

Based on record review and interview the facility failed to submit for approval the facility emergency management plan on annual basis.

Findings as follow:

Record review documented the last facility emergency management plan was approved on .

On at about 4:00 p.m. the facility administrator stated the facility failed to submit for approval, on annua;l basis the emergency management plan.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Re: CCR #2013006321

Dear Administrator:

This letter reports the findings of a state complaint 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121