STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amistad 308 Llc	8420 Sw 2nd Street Miami, FL 33144	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Amistada 308 LLC had deficiencies found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review the Assisted Living Facility failed to have written order of resident's physician and the consent of the resident or the resident's representation to the use of half-bed rails for 3 out 6 sampled residents (#1, #3 and #4) as well as have written order of resident's physician and the consent of the resident or the resident's representation to the use of full bed rail for 1 out 6 sampled residents (#2).

Findings include:

1. Observation on at 8:15 a.m. revealed that residents #1, #3 and #4 had in their beds half-bed rails and resident #2 had in her bed a full bed rails.

2. Interview with caregiver_A at 8:15 a.m. revealed that residents #1, #3 and #4 used their half-bed rails and resident #2 used her full bed rails.

Interview with caregiver_A on at 9:13 a.m. revealed that resident #1 uses half-bed rails, but facility does not have written order of the physician for half-bed rail or resident's representative consent to use half-bed rails.

Interview with caregiver_A on at 9:21 a.m. revealed that resident #2 uses full-bed rail by the side of the wall at bed time, but facility does not have written order of the physician for full-bed rail or resident's representative consent to use full-bed rails.

Interview with administrator on at 9:26 a.m. revealed that resident #2's daughter brought resident's bed with bed-rail, and resident's daughter stated that she wants that her mother uses bed rail because she does not want that her mother from bed.

Interview with caregiver_A on at 9:42 a.m. revealed that resident#3 uses half-bed rails,but facility does not have written order of the physician for half-bed rail or resident's representative consent to use half-bed rails.

Interview with caregiver_A on at 9:50 a.m. revealed that resident #4 uses half-bed rails, but facility does not have written order of the physician for half-bed rail or resident's representative consent to use half-bed

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rails.

3. Record review revealed that residents either #1, #3 or #4 did not have in their records written order of the physician for half-bed rail or resident's representative consent to use half-bed rails.

Record review of resident #2 file revealed that there was not written doctor order for full bed rails either resident's representative consent to use full bed rails.

Class III

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

Based on observation and interview the Assisted Living Facility failed to dispose expired medications for 2 out of 6 sampled residents (#3 and #4).

Findings include:

1. Observation on at 8:20 a.m. locked box in facility's refrigerator for resident #3- 600/2.4 Sol Lill- inject sub-q 20 mcg every day received , according to Read user manual Lilly company after 28 days opened it has to be discard, and medicine has been used; for resident #4 - 600/2.4 Sol Lill- inject sub-q 20 mcg every day received , according to Read user manual Lilly company after 28 days opened it has to be discard, and medicine has been used.

2. Interview with caregiver_A on at 8:25 a.m. revealed that facility was unaware that injections expire.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2013

Administrator
Amistad 308 Llc
8420 Sw 2nd Street
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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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