STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Diaz Home Care Alf, Inc	13481 Sw 268 Terrace Homestead, FL 33032	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - Z806 - 59a-35.040, Fac - Change Of Address S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey of your Assisted Living Facility was conducted on 2013. Diaz Home Care ALF Inc., had deficiencies found at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview facility ' s staff (#2) failed to follow appropriate procedure when assisted resident #4 with his self-administration of his medication.

Findings include:

Observation on at 8:45 a.m. revealed that staff #2 placed a plastic cup in front of the resident that was sitting in the dining having breakfast... She told the resident open your mouth and placed pills one by one from plastic cup to resident mouth and gave him water. Staff did not verbally prompt resident #4 to take medications as directed. Furthermore staff did not mark the Medication Observation Record.

Administrator acknowledged on at 2:00 pm that staff #2 did not follow appropriate procedure when she assisted resident #4 with his self-administration of his medications.

Class III

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

Based on record review and interview facility failed to obtain an up to date Medication Observation Record (MOR) for all residents.

Findings include:

Record review for resident #1,#2,#3, #4,#5,#6,#7,#8 found that Medication Observation Record for all resident was marked up to a.m. hours.

Furthermore, during medication observation pass conducted on revealed staff did not mark the MOR after she finished assisting resident #4 with his self-administration with his medication.

Administrator acknowledged on at 2:00 pm the MOR was not marked up to date for all residents,
Class III

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	AL11966915	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview facility's manager failed to obtain a passing score when she took the core competency exam.

Findings include:

Record review for administrator (hired) supervises a total of 2 assisted living facility and has appointed staff #3 as the facility's manager.

Record review for staff #3 revealed that she completed the core training on . Further review revealed that she failed to obtain a passing score when she took the core competency exam a year ago.

Administrator acknowledged on at 2:00 pm that staff #3 lacked a passing score.

Class III

Z806-Change of Address 59A-35.040, FAC

Based on observation, record review and interview facility exceed its licensed capacity without prior approval form the AGENCY.

Findings include:

Observation upon arrival on at 8:10 a.m. revealed 8 residents on premises. Resident #1 and #6 occupied # . Resident #2 and #3 occupied # . Resident #4 and #5 occupied # . Resident #7 and #8 occupied # . Personal inventory including clothing and sanitary products was observed in corresponding for all residents.

Licensed posted indicated licensed capacity of 6 residents.

Admission log record review revealed that resident #1 admitted on , #2 on , #3 on , #4 on , #5 on , #6 on , #7 on and #8 on .

Administrator acknowledged overcapacity on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2013

Administrator
Diaz Home Care Alf, Inc
13481 Sw 268 Terrace
Homestead, FL 33032

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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