STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	09/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalon Alf	7046 S W 103 Place Miami, FL 33173	
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Shalon ALF had deficiencies at the time of the survey.

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

Based on observation, record review and interview the Assisted Living Facility failed to obtain a written physician order to used half-bed rail for two out of six sampled residents (#5 and #6) as well as failed to obtain resident or resident's representative consent to use half-bed rail prior the use of half-bed rail for one out of six sampled residents (#5).

Findings include:

During tour of facility on at 7:21 a.m. was found resident #5 and #6 on bed with half-side rail up.

Record review for resident #5's file revealed that there was not a written doctor order to the use of half-bed rail neither a resident consent to the use of half-bed rail.

Record review for resident #6' file revealed that written doctor order in file was dated and signed on . It was not renewed biannually.

Manager acknowledged findings on at 9:40 a.m.

Class III

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

Based on observation and interview the Assisted Living Facility failed to keep medication locked at all times for one out of six sampled residents (#6).

Findings include:

1. Observation on at 8:30 a.m. in facility's refrigerator inside an opened red carton box labeled with name and instructions for resident #6 the following medicines: Sulf 100mg/ 5 ml take 0.5 ml by mouth every hour as needed for pain and ; 25 mg supposit use one every 8 hours as needed for / ; 650 mg supposit use one every 4 hours as needed for > 99.9 or pain; 1 mg tablet, take one tablet every 6 hours

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as needed; 0.5 mg , take one tablet every six hours as needed; 0.125 mg tablet, take one tablet every 6 hours as needed for secretions.

2. Interview with manager on at 9:30 a.m. revealed that she was unaware that those medicines were unlocked.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review the Assisted Living Facility failed to have a doctor order to use for one out of six sampled residents (#6).

Findings include:

1.Observation on at 7:21 a.m. on # an concentrator equipment.

2. Interview with manager on at 9:30 a.m. revealed that concentrator equipment on # belongs to resident #6, and she uses it when she needs it. She self-administers .

3. Record review for resident #6's file revealed that there was not doctor order for resident #6 to use concentrator.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Shalon Alf
7046 S W 103 Place
Miami, FL 33173

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 (305) 593-3100.

Sincerely,

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