STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967491	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vjd Residence Inc	13371 Sw 50 Street Miami, FL 33175	
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership Survey was conducted on in your Assisted Living Facility, Suarez Resident (previously VJD Residence) 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 failed to follow appropriate procedure when assisted 2 out of 2 sampled residents (#1 and #2) with their self-administration of their medications.

Findings include:

1. Observation on at 8:30 a.m. revealed that staff #2 (caregiver) did not wash her hands. took medications from and placed them to her hand and told resident #1 that was sitting in the dining having breakfast "open your mouth". She then took one by one all the pills and placed them in resident #1s mouth. Staff #2 did not verbally prompt resident #1 to take medications as directed. Staff #1 did not mark the Medication Observation Record (MOR).

2. Observation on at 8:45 a.m. revealed that staff #2 (caregiver) did not wash her hands, took medications from and placed them to a napkin. She then went to living resident #2 was sitting and told assist resident #2 to go first to the wash her mouth and then to the dining area so she can sit to have breakfast. Staff #1 (administrator) took napkin with pills and placed in next to the resident. She took a spoon and told the resident "open your mouth" She then took one by one all the pills and placed them in resident #1s mouth with the spoon. Staff #1 did not verbally prompt resident #2 to take medications as directed. Staff #1 did not mark the Medication Observation Record (MOR).

Administrator acknowledged on at 2:00 pm that they did not follow appropriate procedure when assisted resident #1 and #2 with their self-administration of their medications.

Class III

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

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview facility administrator failed to provide evidence of a High School Diploma or GED.

Findings include:

Record review for staff #1 (administrator hired) found no evidence of high school diploma or GED.

Administrator acknowledged on at 2:00 pm that she did not have her High School Diploma or GED on premises.

Class III

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

Based on record review and interview facility's administrator failed to obtain a passing score when she took the CORE Competency test.

Findings include:

Record review for staff #1 (administrator hired on) found that she completed the 26 hours CORE training on. Staff failed to obtain a passing score when she took the core competency test a month ago.

Administrator acknowledged on at 2:00 pm that she did not yet pass the CORE exam.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to obtain elopement and control training for 1 out of 3 sampled staff (#3).

Findings include:

Record review for staff #2 (caregiver hired) found no elopement and control training.

Administrator acknowledged the findings on at 2:00 pm

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967491	09/05/2013
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)		

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

Based on observation, record review and interview facility failed to obtain employement application with reference for 1 out 3 sampled staff (#3).

Findings include:

Observation on at 8:00 a.m. found staff #3 wearing blue scrubs. Staff #3 was in # providing care and conversing with resident #3. Staff assisted with tour and identified what residents occupied each name.

Record review for staff #3 found no evidence of an employement application with referecens on file.

Staff left the premises as soon as she realized that there was an AGENCY surveyor in the facility.

Administrator stated during interview on at 11: 30 a.m., that staff #3 does not work in the facility. She was staff #3s friend and was just there to help her clean.

Class III

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

Based on observation, record review and interview facility failed to obtain Level II background screening for 1 out 3 sampled staff (#3).

Findings include:

Observation on at 8:00 a.m. found staff #3 wearing blue scrubs. Staff # 3 was in # providing care and conversing with resident #3. Staff assisted with tour and identified what residents occupied each name.

Record review for staff #3 found no evidence of Level II background screening on file.

Staff left the premises as soon as she realized that there was an AGENCY surveyor in the facility.

Administrator stated during interview on at 8:30 a.m., that staff #3 does not work in the facility. She was staff #3s friend and was just there to help her clean.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Suarez Resident Inc
13371 Sw 50 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) 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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