| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967199 | 09/17/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Casa Bonita Assisted Living Facility Inc** | **931 Ne 17 Terrace Homestead, FL 33033** | |
| 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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial licensure renewal Survey of your Assisted Living Facility was conducted on . Casita Bonita Assisted Living Facility II 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 (#1) failed to follow appropriate procedure when assisted resident #1 with self-administration of his medication.

Findings include:

1. Observation on at 8:35 a.m. found that staff #1 took medication book and started marking the Medication Observation Record for all the residents. Staff said " it ' s for the morning medications".

2. Observation on at 8:51 a.m. revealed that staff #1 did not wash her hands, took a red box where resident #1s medication were, opened it, took the am medication for the resident from a pill container and placed it in a plastic cup. She approached the resident that was sitting in the dining having breakfast and left the plastic cup next to his plate. She left to the kitchen and returned with a glass of water. She did not observe the resident taking his medications and she did not verbally prompt resident to take medications as directed. Furthermore, staff was observed earlier marking the MOR prior assisting resident #1 with his self-administration of his medication.

Owner acknowledged on at 2:00 pm that staff #1 did not follow appropriate procedure when assisted resident #1 with his self-administration of his medication.

Class III

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

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation on 9-113 at 8:30 a.m. revealed that medication VOLTAREN GEL found on top of the dining table were residents observed having breakfast at the time. Staff #1 stated that the gel belonged to her and uses it for pain in her back.

Owner acknowledged the findings on at 2:00 pm

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| NAME OF PROVIDER OR SUPPLIER<br>**Casa Bonita Assisted Living Facility Inc** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**931 Ne 17 Terrace Homestead, FL 33033** | |
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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Casa Bonita Assisted Living Facility Inc
931 Ne 17 Terrace
Homestead, FL 33033

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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