STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966416	10/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rebecca's House	6711 Nw 46th Court Lauderhill, FL 33319	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/17/2013
0056-Medication - Labeling And Orders-10/17/2013
0079-Staffing Standards - Levels-10/17/2013
0092-Food Service - General Responsibilities-10/17/2013
0152-Physical Plant - Safe Living

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

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

Based on observation, record review and interview, the facility failed to maintain an accurate Medication Observation Record (MOR) with the name, strength, and directions for use of all prescribed medication for one of three residents reviewed (Resident # 4).

The findings include:

1. On at 2:00 p.m. observation revealed one bubble pack of in Resident #4 ' s medication bin. The directions on the medication label stated " take one tablet by mouth at bed time".

2. A review of Resident #4 ' s record revealed a current physician ' s order dated for 15 MG of p. o. QHS (By mouth every day).

3. A review of Resident #4 ' s MOR revealed was not listed.

4. On at approximately 2:30 p.m., the Administrator was interviewed. The Administrator stated she handwrites the medication information on the MORs for all of her residents. The Administrator confirmed she did not include on Resident #4 ' s MOR. She added this was an oversight for which she accepts full responsibility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Rebecca's House
6711 NW 46th Court
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
BBT7

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