STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Hands Assisted Living Ii	13025 Nw 2 Avenue Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2013. Caring Hands Assisted Living II had deficiencies at time of survey.

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure staff members who have completed in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times for 2 out of 2 (a. & b.) sampled staff. .

Findings include:

Personnel record review and interview revealed documentation for First Aid and was expired for staff a. (hire date) expired on and staff b. (hire date) expired on .

On , 2013 at 11:35 p.m. staff a. administrator acknowledged findings.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for 2 out of 2 (a. & b.) sampled employees.

The findings include:

Personnel record review and interview revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for staff a. (hire date) expired and staff b. (hire date) expired .

On , 2013 at 11:35 p.m. staff a. administrator acknowledged findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Hands Assisted Living Ii	13025 Nw 2 Avenue Miami, FL 33168	

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

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility's personnel records did not include properly documented evidence of Nutrition & Safe Food Handling In-service/Ongoing training for 1 out of 2 (b.) sampled staff.

Findings include:

Personnel record review and interview revealed sampled staff b. (Hire date) Nutrition & Safe Food Handling In-service/Ongoing training expired .

On , 2013 at 11:35 p.m. staff a. administrator acknowledged findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Caring Hands Assisted Living II
13025 Nw 2 Avenue
Miami, FL 33168

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 12/19/2013 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