STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	10/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Stand Home Care	721 Nw 13th Avenue Miami, FL 33125	

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

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
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 - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership survey (CHOW) was conducted on . Good Stand Home Care Assisted Living Facility Home had deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure that 1 out 9 sampled records include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication.

The findings include:

Resident record review for Resident #1 did not have evidence that a written informed consent was obtain from the resident or resident's surrogate, guardian, or attorney-in-fact's.

On at about 1:00 p.m. the facility administrator stated that he provides assistance with the self-administration of medication to Resident #1 and confirmed he is not licensed staff.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to provide a Health Assessment for 1 out of 2 sampled resident's record reviewed (Resident #1).

The findings include:

Resident's record review for Resident #1(admitted on) did not have documentation of a Health Assessment.

On at about 1:30 p.m. the facility administrator stated that in-fact the examining physician had not completed the health assessment for Resident #1.

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Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record observation record review and interview the facility failed to follow appropriate procedure when assisting resident #1, #3 and #4 with self- administration medication.

The findings Include:

Observation on at 8:30 a.m. Staff B called Resident #3 and #4 to the office. She opened the medication cabinet took the pills from bingo cards, gave it to the residents and observed them swallowed the pills. She did not read medication label to the residents.

Observation on at 9:00 a.m. found that Staff B removed medications belonged to resident # 1 from and placed them in his hands. Resident #1 left the office and sit in the dining . He took a glass of water and swallowed his medications. Staff did not observe the resident taking his medications.

During interview on at about 2:30 p.m. the facility's administrator said the staff should have read the medication label in front of the resident and observed the residents swallowed their pills.

Class III

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

Based on record review and interview the assisted living facility's assistant administrator failed to complete the CORE training requirements.

The findings Include:

Personnel record review found that the administrator's employment application was dated . There is no documentation that he completed 26 hours of CORE training and passed the CORE competency test.

Interview with the facility administrator on at approximately 1:30 p.m. stated that he completed 26 hours of CORE training and but he did pass the competency test.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to provide documentation of providing an education course on and for 1 out of 4 sampled employees (A).

The findings include:

Staff record review did not have documentation that Staff #A; administrator completed the one-time course in and . Staff #A was hired on

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On at about 1:00 p.m. the facility administrator stated that he did not receive and training.

Class III

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

Based on record review and interview the facility failed to provide initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility for 1 out 4 staff (Staff A).

The findings include:

Record review for Staff A, (administrator) had no documentation that he completed the initial 4 hour medication training.

On at about 1:15 p.m. Staff A stated that he assists the residents with self-administered medications.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview, 1 out of 2 resident records reviewed (Resident #1) did not contain a resident contract with the facility executed at or prior to admission.

The findings include:

Record review on at approximately 10:00 a.m. revealed that for Resident #1 admitted on the facility had not executed a contract with the residents.

On at about 2:00 p.m. the facility administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #1.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on interview and record review the facility failed to have an admission and discharge log identifying the limited mental health residents.

The findings Include:

Record review of the admission & discharged log revealed that the facility failed to identify the facility limited mental health residents in the admission and discharge log.

On at about 11:30 a.m. the facility administrator stated that he did not identify the limited mental

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health residents in the admission and discharge log.

Class III.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 1 out of 4 (Staff A, administrator) received the required Limited Mental Health (LMH) training.

The findings include:

Record review for Staff A (administrator, hired on) found no documentation of having received the limited mental health training.

On at about 1:30 p.m. the facility administrator stated that he had not taken the limited mental health training as required.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Good Stand Home Care
721 Nw 13th Avenue
Miami, FL 33125

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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