STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	10/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Diaz Home Care Alf, Inc	13481 Sw 268 Terrace Homestead, FL 33032	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-10/30/2013
0080-Training - Core & Competency Test-10/30/2013
Z806-Change Of Address-10/30/2013

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Revisit New Tags:
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial follow up survey was conducted on 10/30/2013. Diaz Home Care Alf, Inc still had deficiencies at the time of the survey.

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

Based on observation, record review and interview the Assisted Living Facility's caregiver (caregiver_A) failed to follow appropriated procedures to assist with medication self-administration for one out of one sampled resident (#1).

Findings include:

Observation of medication administration on at 7:12 a.m. revealed that caregiver _A was assisting resident #1 medication self-administration which was scheduled for 8 a.m. Caregiver_A went to the medication cabinet, which was unlocked, took medicines for resident #1, checked with medication observation record (MOR) with medicines where scheduled for 8 a.m. and washed her hands following right steps. Caregiver_A went to # where resident #1 lay in bed and explained to resident which medicines s/he was going to take, took pills out of medicine packs, and place on tablet at the time in resident #1's mouth by handling a cup with water and a straw on resident #1's mouth. Medicines were: 25 mg, 5 mg, 1 mg, 240 mg, 300 mg, 50 mg, questiapine 50. Caregiver_A observed that resident swallowed her/his medicines, documented in MOR and washed her hands, returned medicines to medicine cabinet and locked it.

Record review of resident #1's file on at 7:25 a.m. revealed that Health Assessment completed on indicated that resident #1 needs help taking her/his medicines, type of assistance medication self-administration.

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

Interview with caregiver_A on at 7:40 a.m. revealed that resident #1 was able to self-administer her/his medicines but caregiver_A was nervous with the survey.

Class III

Uncorrected deficiency

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

Based on observation and interview the Assisted Living Facility failed to keep centrally stored medication in a locked cabinet at all times.

Findings include:

Observation of medication administration on at 7:12 a.m. revealed that caregiver _A to the medication cabinet to take medicines for resident #1 and medicine #1 was unlocked. Medicine cabinet stored medicines for all six residents.

Interview with caregiver_A on at 7:40 a.m. revealed that she forgot to lock medicine cabinet the last time that she opened it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Diaz Home Care Alf, Inc
13481 Sw 268 Terrace
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a revisit survey to a biennial conducted on , 2013by representative(s) of 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 surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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