STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964818	11/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Blue Point Home Care Inc	21910 Sw 97 Court Miami, FL 33190	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 complaint inspection (CCR#2013010023) was conducted on at Blue Point Home Care Inc. Deficiencies were identified during the visit.

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

Based on observation, record review, and interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate for 1 of 3 sampled residents (#3).

Findings include:

Observation on at 9:45 am revealed there was a bottle of /tmp ds tab for resident #1 sitting out and unsecured on a small table in the garage.

Review of resident #1's MOR for the month of 2013 revealed the above medication was ordered for 10 days. The resident was to take 2 tablets each day for those 10 days. The initials corresponding to the resident receiving the medication indicated the resident was given the medication for 13 days, from at 8:00 am through at 8:00 am.

Interview with staff #2 and the administrator on at 9:56 am revealed they confirmed the MOR was initialed for the extra dates in error.

Class III

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

Based on observation and interview, the facility failed to properly store medications for 1 of 3 sampled residents (#1).

Findings include:

Observation on at 9:45 am revealed there was a bottle of /tmp ds tab for resident #1 sitting out and unsecured on a small table in the garage.

Interview with staff #2 and the administrator on at 9:56 am revealed they confirmed the medication was in the garage and was unsecured. They stated the resident was no longer taking the medication.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Blue Point Home Care Inc
21910 Sw 97 Court
Miami, FL 33190

CCR#2013010023

Dear Administrator:

This letter reports the findings of a state complaint 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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Class III