STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911558	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Antonia's Residence	840 Se 8th Court Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation survey (CCR#2013009803) was conducted on . Antonia's Residence Assisted Living Facility had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain a statement from a health care provider stating 1 out of 2 sampled staff did not have any signs or symptoms of a communicable including .

The findings included:

Personnel record review was conducted on at about 10:30 a.m. Staff B (hired on) did not have documentation from a health care provider that she did not have any signs or symptoms of a communicable including .

On at about 1:00 p.m. the facility administrator confirmed that Staff B did not have documentation from a health care provider that she did not have any signs or symptoms of a communicable including .

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 2 sampled employees (B).

The findings include:

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

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

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911558	**11/25/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Antonia's Residence	**840 Se 8th Court Hialeah, FL 33010**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the facility staff failed to receive the initial 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF by a registered nurse or licensed pharmacist for 1 out of 2 staff (Staff B).

The findings include:

Staff record review revealed that Staff B did not receive the initial 4 hour medication training. Staff B was hired on

On at about 1:15 p.m. the facility administrator stated that Staff B did not receive the 4 hour education training on providing assistance with self-administered medications and safe medication practices in an ALF.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Antonia's Residence
840 Se 8th Court
Hialeah, FL 33010

Dear Administrator:

Re: CCR #2013009806

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

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