STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967241	11/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
My Bells Alf Corp	2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 monitoring survey was conducted on . My Bells Alf Corp had deficiencies at the time of the survey.

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

Based on observation and interview the Assisted Living Facility failed to ensure the staff follow the procedure when assisting three out of three residents (#1, #2 and #3) with self-administration of medication.

Findings include:

Observation on at 12:20 p.m. revealed a medication box unlocked with four cups that contain pills and tablets inside on the kitchen counter. One cup was next to bedtime label for resident #2 with a pink and gray capsule, one pink tablet, one yellow tablet and two white tablets. Next cup was next to dinner label for resident #3 with two halves green tablets and a cup next to the same resident but to bedtime label with three white tablets. The last cup was next to dinner label for resident #1 with one pink and two white tablets.

Interview with administrator on at 12:25 p.m. revealed that administrator just prepared medicines for dinner doses and bedtime doses for resident #1, #2 and #3. S/he confirmed that s/he sometimes prepared residents' medicines in advance.

Class III

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

Based on observation and interview the Assisted Living Facility failed to keep medicines locked at all the time.

Findings include:

Observation on at 12:20 p.m. revealeda medication box unlocked with four cups that contain pills and tablets inside on the kitchen counter top there was . One cup was next to bedtime label for resident #2 with a pink and gray capsule, one pink tablet, one yellow tablet and two white tablets. Next cup was next to dinner label for resident #3 with two halves green tablets and a cup next to the same resident but to bedtime label with three white tablets. The last cup was next to dinner label for resident #1 with one pink and two white tablets.

Interview with administrator on at 12:25 p.m. revealed that administrator just prepared medicines for dinner doses and bedtime doses for resident #1, #2 and #3. S/he confirmed that medicines were unlocked because s/he went to open the door and then to inform staff the Agency for Health Care Administration (AHCA) surveyor was in the facility.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a state monitoring 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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