STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	11/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Duran Home Care	**26775 Sw 129 Avenue Homestead, FL 33032**	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial survey was conducted on . Duran Home Care 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 failed to follow appropriate procedures to assist with medication self-administration for 4 out of 5 sampled resident (#1, #2, #3 and #5).

Findings include:

Observation of assistance with self-administration of medication on at 11:51 a.m. revealed, caregiver _B assisted resident #2 with self-administration of medication which was scheduled for 2PM.

Observation of assistance with self-administration of medication on at 11:52 a.m. revealed, caregiver_B assisted resident #1 with medication which were scheduled for 2 PM. Caregiver_B went to the unlocked the medication cabinet,it, took medicination out for resident #1, checked with medication observation record (MOR) with medication that were scheduled for 2 PM., explained to the resident which medication he was going to take, took pills out of medicine packs, placed them in a medicication cup, handled medication cup with tablet to resident and a cup with water, documented in MOR, then observed that resident swallowed the medicines.

Observation of assistance with self-administration of medication on at 11:55 a.m. revealed that caregiver_B assisted resident #3with medication that were schuduled which were scheduled for 2 p.m.

Observation with assistance with self-administration of medication on at 11:57 a.m. revealed that caregiver_B assisted resident #5 with medication which were scheduled for 2 p.m.

Record review of resident #1's file on at 11:54 a.m. revealed that caregiver_B documented on the medication observation record that resident #1 took his medicine before resident #1 actually took his medicines.

Record review of resident #1, #2, #3 and #5's files on at 12:10 p.m. revealed that residents #1, #2, #3 and #5's medicines were scheduled for 2 p.m. and that Health Assessment completed on indicated that resident #1 needs assistance taking her/his medicines, type of assistance medication self-administration.

Interview with caregiver_B on at 12:10 p.m. revealed that s/he did medication pass with time in advance to finish survey earliest and s/he was nervous.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	**11/20/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Duran Home Care	**26775 Sw 129 Avenue Homestead, FL 33032**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation, record review and interview the Assisted Living Facility's failed to update medication record adequately for one out of five sampled residents (#1).

Findings include:

Observation of assistance with self-administration of medication on at 11:52 a.m. revealed, caregiver_B assisted resident #1 with medication which were scheduled for 2 PM. Caregiver_B went to the unlocked the medication cabinet,it, took medicination out for resident #1, checked with medication observation record (MOR) with medication that were scheduled for 2 PM., explained to the resident which medication he was going to take, took pills out of medicine packs, placed them in a medicication cup, handled medication cup with tablet to resident and a cup with water, documented in MOR, then observed that resident swallowed the medicines.

Record review of resident #1's file on at 11:54 a.m. revealed that caregiver_B documented resident #1's medication observation record prior to observing the residents taking their medication.

Interview with caregiver_B on at 12:10 p.m. revealed that s/he was nervous.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Duran Home Care
26775 Sw 129 Avenue
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a state licensure 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