STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967711	12/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Diaz Home Care Alf Ii, Inc	12211 Sw 268 Street 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
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated biennial survey was conducted on . Diaz Home Care Alf II, Inc. 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 six out of six sampled resident (#1, #2, #3, #4, #5 and #6).

Findings include:

1. Observation of medication administration on at 9:05 a.m. revealed that caregiver _A was assisting resident #2 medication self-administration which was scheduled for 8 a.m. Caregiver_A went to the medication cabinet, unlocked it, took medicines for resident #2, checked with medication observation record (MOR) with medicines that were scheduled for 8 a.m., explained to resident which medication s/he was going to take, took pills out of medicine packs, placed them in a medicine cup, handled medicine cup with tablet to resident and a cup with water, observed that resident swallowed her/his medicines, documented in MOR.

2. Record review on at 6:50 a.m. revealed that MOR for residents #1, #3, #4,#5 and #6 were completed as residents #1, #3, #4, #5 and #6 already took their medicines.

3. Interview with caregiver_B on at 6:55 a.m. revealed that caregiver_B assisted resident #1, #3, #4, #5 and #6 for 8 a.m. doses when residents woke up, and this was before 7 a.m.. Interview with administrator/ caregiver_A on at 9:05 a.m. revealed that s/he did medication pass later than the hour later of the window period because s/he was busy.

Class III

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

Based on record review and interview the assisted living facility failed to maintain medication observation records for 1 out of 6 (#2) sampled residents.

Findings include:

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1. Record review on at 9:05 a.m. of resident #2's MOR revealed the resident Medication Observation Record (MOR) was already initialed with "G" as being given on at 8 a.m. but it did not occur yet.

2. Interview on at 9:05 a.m. with the administrator, caregiver_A, confirmed it was the other staff, caregiver_B, initial documented for for 8 a.m. for the 10 mg and HBR 20 mg, yet it was 9:05 a.m. on . The caregiver_A confirmed it was an error and caregiver_B should not have initialed that the resident had received it.

Class III

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

Based on record review and interview Assisted Living Facility's caregiver failed to obtain annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for one out three sampled caregiver (caregiver_B) .

Findings include:

1. Record review for caregiver_B revealed that caregiver_B date of hired did not have any training of assistance with self-administered medications and safe medication practices in an assisted living facility.

2. Interview with caregiver_B on at 6:55 a.m. revealed that caregiver_B assisted resident #1, #3, #4, #5 and #6 for 8 a.m. doses.

3. Interview with administrator on at 10 a.m. revealed that administrator did not know where could be caregiver_B's training of assistance with self-administered medications.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the Assisted Living Facility failed to provide a clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident for one out of six sampled residents (#5).

Findings include:

1. Observation on at 6:50 a.m. during tour of the facility a portable cot (folding bed) inside # 's closet. Folding bed was dressed with clean linens and a pillow.

2. During interview with caregiver_B on at 6:50 a.m. revealed that portable cot belongs to resident #5. Interview with administrator on at 12:40 p.m. revealed that resident #5 slept on the portable cot in # .

Class III

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

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the Assisted Living Facility failed to provide evidence of 6 hours specialized training in working with individuals with mental health diagnoses for one out of three sampled staffs (caregiver_B).

a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.

Findings include:

1. Record review for caregiver_B's file revealed that caregiver_B did not have the required 6 hours training in limited mental health.

2. Interview with administrator on at 10 a.m. revealed that administrator did not know where could be caregiver_B's required 6 hours training in limited mental health.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Diaz Home Care Alf II, Inc
12211 Sw 268 Street
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,

Kristal Branton per

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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