

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967094	(X3) DATE SURVEY COMPLETED 01/02/2014
NAME OF PROVIDER OR SUPPLIER Tere's Senior Care	STREET ADDRESS, CITY, STATE, ZIP CODE 17950 Sw 155 Court Miami, FL 33187	
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

Specific Tag Findings:

0000-Initial Comments

A unannounced Standard Biennial survey was conducted on Tere's Senior Care Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on observation and interview the facility failed to follow appropriate procedure in the assistance of self-administration of medication.

The findings include:

Observation on , 2014 at 12:00 p.m. revealed Staff #2 brought two small plastic cup containing medication tablets to resident #2 and #3. Staff #2 gave the cups to Resident #2 and #3 and prompted them to take the tablets. Staff #2 had not bring medication containers to the residents, read the labels, and dispensed medications in the presence of the resident.

On at about 12:00 noon, the administrator confirmed that Staff #2 had not followed a proper procedure of assisting with self-administration of medications.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Tere's Senior Care
17950 Sw 155 Court
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 3/5/2014 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

