| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953486 | 01/09/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Norita Adult Family Care, Inc | 11971 Sw 118 Street Miami, FL 33186 | |
| 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Biennial survey was made on , 2014. Norita Adult Family care had the following deficiencies at the time of the survey:

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

Based on observation, and interview the facility failed to demonstrate the ability of staff #3 to assist residents with self administration of medications, appropriately.

Findings as follow:

On at about 9:40 a.m. caretaker (staff #3) was asked to explain the procedure when assisting residents with self administration of medications. Staff #3 explained the procedure when assisting residents with self administration of medications without identifying residents and prompting the medications.
On staff #3 stated assisted residents with self administration of medications.

Staff #3 also acknowledge the findings.

Class III

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

Based on record review and interview the facility failed to document freedom from communicable including on annual basis on 1 of 3 ( #3) facility staff.

Findings as follow:

Record review documented the last freedom from communicable statement including for staff #3 (caretaker) was dated .

On at about 1:00 p.m. the facility administrator stated the facility failed to document freedom from communicable including , on annual basis. Also stated, the last documentation of freedom from communicable including for staff #3 was dated .

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

**080-Training - Core & Competency Test 58A-5.0191(1) FAC**

Based on record review an interview the facility failed to have an administrator and a manager who successfully passed the CORE training test.

Findings as follow:

Record review documented staff #1 (facility administrator) administered 2 facilities.
Record review documented the facility failed to have an administrator who successfully passed the CORE test.
Record review documented the administrator received the CORE training on / . Record review documented the facility had no proof of a Core test passing score for the facility administrator (staff #1).
Record review documented the facility failed to have a manager (staff #2 hired on ) who successfully passed the CORE training test.

On at about 1:00 p.m. the facility administrator stated the facility manager had not receive the CORE training.

Class III.

**0160-Records - Facility 58A-5.024(1) FAC**

Based on record review and interview the facility failed to conduct at least 2 elopement drills per year.
Based on record review and interview the facility failed to have an admission and discharge log.

Findings as follow:

Record review documented the facility last elopement drill was performed on .
On at about 1:00 p.m. the facility administrator stated on the facility performed the last elopement drill. Also stated the facility failed to perform at least two elopement drills per year.

Record review documented the facility had no an admission and discharge log available for review.
On at about 1:00 p.m. the facility administrator (#1) stated the admission and discharge log was misplaced and was not available for review.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**

Based on observation , record review and interview the facility failed to have 1 of 6 (#5) residents records available for review.

Findings as follow:

On at about 9:15 a.m. it was observed resident #4 sit in the living TV.
On at about 9:15 a.m. and during facility tour the caretaker (staff #3) stated, resident slept in

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Norita Adult Family Care, Inc | 11971 Sw 118 Street Miami, FL 33186 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

#3.

Record review documented the facility had no records in facility, available for review, for resident #3.

On . at about 1:00 a.m. the facility administrator stated resident #3 slept in facility in # . The facility administrator also stated resident #3 was registered as a resident in another facility (AB Care ALF) of her property. Also stated residents's #3 records were kept in that facility and not at present facility (Norita Adult Family Care).

Class III

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

Based on record review and interview the facility failed to have 1 of 3 (#3) facility staff trained in working with LMH residents and 2 of 3 ( #1 and #2) had no the LMH continuing education training.

Findings as follow:

Record review documented the facility had the LMH component in its license.
Record review documented the facility had no proof of the LMH training for staff #3 hired on .

Record review documented staff #1 (administrator) and staff #2 (manager) last LMH training were dated / . Record review documented the facility had no proof of the limited mental health training continuing education for staff #1 and #2.

On . at about 1:00 p.m. the facility administrator stated staff #3 ( caretaker) did not received the LMH training and also stated staff #1 and #2 had not received the continuing education in working with limited mental health residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Norita Adult Family Care, Inc
11971 Sw 118 Street
Miami, FL 33186

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 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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