STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968275	01/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Osmani M Alf Llc	26423 Sw 122 Place 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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced monitoring visit survey was conducted on . Osmani M Alf Llc 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 verbally prompting a resident to take medications as prescribed as well as failed to observed the resident takes his or her medications for 1 out of 6 sampled residents (#1).

Findings include:

Observation on at 7:50 a.m. revealed that caregiver_A assisted resident #1 with his/ her medicines. Caregiver_A placed medicines, 11 tablets and 1 capsule in a small plastic cup, use for medicine. Resident #1 was not verbally prompted for medicines, not informed about which medicines s/he was going to take. Medicines were not double checked with the medication observation record (MOR). Caregiver_A did not wait to observe that resident took his medicines; caregiver_A left the leave resident #1 with medications inside medicine cup. Caregiver_A did not go back to the check if resident #1 took his/ her medicines. MOR was completed by staff at approximately 8:44 a.m., but caregiver_A did not check that resident #1 took his/ her medicines. The following medications were dispensed to resident #1 in a medicine cup: 10 mg tab, 800 mg tablet, 10 mg tablet, 1 mg tablet, 50 mcg tablet, . 40 mg tablet, Generic for Privinil 40 mg tablet / Chlorthal , Generic for 100 mg tablet 100 mg, 40 mg capsule, Generic for Zocar 20 mg Juvina 50 mg tablet, 145 mg tablet, SR 150 mg tablet.

Record review of medication observation record (MOR) for resident #1 revealed that it was completed by caregiver_A.

Record review of medication observation record (MOR) for resident #1 revealed that 10 mg was scheduled to be taken at 8 p.m.

In an interview with resident#1 on at 7:55 a.m. revealed that there were two tablets that s/he did not take in the morning, had had informed caregiver_A in several occasions that those two tablets s/he was supposed to take in the evening but s/he kept given them to him/ her and s/he saved them for evening, s/he did

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not take them in the morning. (Resident #1 referred to: 145 mg tab and 10 mg tab).

In an interview with caregiver_A on at 9:57 a.m. caregiver_A revealed that resident #1 was a difficult resident, s/he liked to count his/ her tablets and checked them. S/he has informed to resident #1's doctor that s/he wanted to take Fenobibrate 145 mg and 10 mg in the evening.

Class III

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

Based on observation, record review and interview the Assisted Living Facility failed to update medication observation record each time resident was observed that took his/ her medication for 1 out of 6 sampled residents (#1).

Findings include:

Observation on at 7:50 a.m. revealed that caregiver_A assisted resident #1 with his/ her medicines. Caregiver_A placed medicines, 11 tablets and 1 capsule in a small plastic cup, use for medicine. Medicines were not double checked with the medication observation record (MOR). Caregiver_A did not wait to observe that resident took his medicines; caregiver_A left the leave resident #1 with medications inside medicine cup. Caregiver_A did not go back to the check if resident #1 took his/ her medicines. MOR was completed by staff at approximately 8:44 a.m., but caregiver_A did not check that resident #1 took his/ her medicines. The following medications were dispensed to resident #1 in a medicine cup: 10 mg tab, 800 mg tablet, 10 mg tablet, 1 mg tablet, 50 mcg tablet, 40 mg tablet, Generic for Privinil 40 mg tablet / Chlorthal , Generic for 100 mg tablet 100 mg, 40 mg capsule, Generic for Zocar 20 mg Juvina 50 mg tablet, 145 mg tablet, SR 150 mg tablet.

Record review of medication observation record (MOR) for resident #1 revealed that it was completed by caregiver_A.

Record review of medication observation record (MOR) for resident #1 revealed that 10 mg was scheduled to be taken at 8 p.m.

In an interview with caregiver_A on at 9:57 a.m. caregiver_A revealed that resident #1 was a difficult resident, s/he liked to count his/her tablets and checked them. S/he has informed to resident #1's doctor that s/he wanted to take Fenobibrate 145 mg and 10 mg in the evening.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review and interview facility failed to have substitutions marked before or when the meal was served.

Findings include:

Observation on at 7:10 a.m. revealed that residents #2, #3 and #5 sat on dining table in the dining breakfast. The following was served to residents #2, #3 and #5 oatmeal and bologna sandwich, coffee.

Record review revealed that the facility's menu was posted in the facility's bulletin board in the living . Menu posted for week thru indicated that the following was to be served breakfast menu: assorted juices (4 oz), dry cereal (3/4 cup) or cook (1/2 cup), bread (1 slice), margarine (1t), milk (8 oz). No substitution were made on the menu before or at the time breakfast was served.

Administrator acknowledged the findings on at 1:40 p.m.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Osmani M Alf Llc
26423 Sw 122 Place
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a state monitoring 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 3/10/2014 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

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