STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966621	01/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nina's Haven	10620 Sunset Strip Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [illegible] S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey was conducted on [illegible] at Nina's Haven. The facility had licensure deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interviews,the facility failed to ensure unlicensed staff assisting residents with self-administration of medications followed required practices, for 3 out of 3 sampled residents observed receiving assistance with self-administration of medications (Resident #1, #3 and #4).

The findings include:

1) On [illegible] at 8:37 AM, an unlicensed staff member (Staff B) was observed dispensing medications to Resident #1 while stating, "This is your [illegible]" Staff B was observed dispensing the following medications to Resident #1 without reading the medication labels to her.

Medications included:
a)Vit [illegible] D3, 1000 units, 1 tablet by mouth every day
b) [illegible] 5 mg, 1 tablet by mouth every morning
c) [illegible] 88 mcg, 1 tablet by mouth every day
d) [illegible] 0.25 mg, 1 tablet by mouth every 12 hours
e) [illegible] S, 1 tablet by mouth two times a day
f) [illegible] C 500 mg, 1 tablet by mouth twice a day
g) [illegible] mild moderate eye drops, instill 1 drop into both eyes twice a day

2) On [illegible] at 9:06 AM, Staff B was observed dispensing medications to Resident #3 while stating, "This is for your [illegible] and this is for your legs." Staff B was observed dispensing the following medications to Resident #3 without reading the medication labels to her.

Medications included:
a) Therapeutic [illegible], 1 tablet by mouth every day
b) [illegible] 15 mg, 1 tablet by mouth every day
c) [illegible] DR 20 mg, 1 capsule by mouth every day

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d) 0.25 mg, 1 tablet by mouth every morning
e) HCTZ 12.5, 1 capsule by mouth every day
f) LA 4 mg, 1 capsule by mouth every day
g) 10 mg, 1 tablet by mouth every day
h) 325 mg, 1 tablet by mouth every day
i) 20 mg, 1 tablet by mouth every day
j) 5 mg, 1 tablet by mouth every day
k) 5 mg, 1 tablet by mouth twice a day
l) Tamoxifien 10 mg, 1 tablet by mouth twice a day
m) S, 1 tablet by mouth twice a day

3) On at 9:34 AM, Staff B was observed dispensing medications to Resident #4 while stating the medications were for her pain and Staff B was observed dispensing the following medications to Resident #4 without reading the medication labels to her.

a) 40 mg, 1/2 tablet by mouth every day
b) CL ER, 1 tablet by mouth every morning
c) Fish oil 1,000 mg, 1 capsule by mouth every day
d) 600 D 200, 1 tablet by mouth every morning
e) 112 mcg, 1 tablet PO every morning
f) 325 mg, 1 tablet by mouth every day
g) 100 mg, 1 capsule by mouth every day
h) 60 mg, 1 capsule by mouth every day
i) 40 mg, 1 tablet by mouth twice a day
j) 10 mg, 1 tablet by mouth every 12 hours
k) 50 mg, 1 tablet by mouth every day
l) D3 1,000 units, 2 tablets by mouth every day
m) , 1 tablet by mouth every day

In an interview conducted on at 9:50 AM, Staff B stated she could not answer what and were used for. She stated, "I don't know."

In an interview conducted on at 10:00 AM, the Administrator acknowledged that unlicensed staff members are required to read each medication label to the resident prior to assisting them with self-administration. She stated she would in-service staff on the proper procedures for distributing medications and would ask the pharmacy to list the reason why the medications are given (e.g., , pain,

Class III

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0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, interviews, and record review, it was determined that the facility failed to ensure that a licensed staff member administered medications for 1 out of 4 residents (Resident #3) who had a current Health Assessment indicating she needed medication administration.

The findings include:

1) During a medication pass conducted on beginning at 9:06 AM, Staff B was observed breaking capsules open for Resident #3 and pouring them into applesauce. She then crushed the resident's remaining medications prior to mixing them with applesauce. Staff B spoon-feed Resident #3 her medications. Staff B raised the spoon to Resident's #3 mouth approximately four times until she had swallowed all medications. It was observed that the resident did not assist in any manner during this process.

The following medications were dispensed for Resident #3:

a) Therapeutic , 1 tablet by mouth every day
b) 15 mg, 1 tablet by mouth every day
c) DR 20 mg, 1 capsule by mouth every day
d) 0.25 mg, 1 tablet by mouth every morning
e) HCTZ 12.5, 1 capsule by mouth every day
f) LA 4 mg, 1 capsule by mouth every day
g) 10 mg, 1 tablet by mouth every day
h) 325 mg, 1 tablet by mouth every day
i) 20 mg, 1 tablet by mouth every day
j) 5 mg, 1 tablet by mouth every day
k) 5 mg, 1 tablet by mouth twice a day
l) Tamoxifen 10 mg, 1 tablet by mouth twice a day
m) S, 1 tablet by mouth twice a day

2) A record review of Resident #3's current Health Assessment (AHCA form 1823) dated , noted that the resident's medications may be crushed. It noted that Resident #3 needed Medication Administration.

3) In an interview conducted on at 9:50 AM, Staff B stated she was not a licensed nurse. In an interview conducted on at 10:00 AM, the Administrator stated she was a licensed practical nurse and could dispense medications for Resident #3. The Administrator acknowledged the findings.

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4) In a phone call conducted on [redacted] at 3:05 PM, the Administrator stated that she has observed Resident #3 feeding herself and taking her medications without assistance. She stated she would obtain a new 1823 for Resident #3 if she was evaluated by a physician to need assistance with self-administration of medications.

Class III

0082-Training - [redacted] - 58A-5.0191(3) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff members (Staff #B) had obtained an initial training on [redacted] within 30 days of employment.

The findings include:

A record review conducted for Staff #B, hired on [redacted], revealed no documentation of an initial training on [redacted] within 30 days of employment. An interview conducted on [redacted] at 2:00 PM, the Administrator acknowledged the findings. She stated she had no further documentation available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Nina's Haven
10620 Sunset Strip
Sunrise, FL 33322

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by a representative 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 , **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Wedge - Absent, Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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