STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965794	01/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mayra R Rondon, Inc	856 Nw 136 Avenue Miami, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on , 2014. Mayra R Rondon, Inc had deficiencies found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed to have resident's consent to use half-bed rails for 1 out of 6 sampled residents (#6).

Findings include:

1. Observation on at 7:30 a.m. revealed that resident #6 was on # resting on bed with half-bed rail up.

2. Record review for resident #6's file revealed that there was no consent to use half-bed rail.

3. In an interview on at 12:27 p.m. with administrator, she revealed that she did not know if she had the consent somewhere.

Class III

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

Based on observation, record review and interview the Assisted Living Facility's staff failed to have the 2 hours of continuing education training on providing assistance with self-administered medications for 1 out of 3 sampled caregivers (administrator/ caregiver_A).

Findings include:

1. Administrator/ caregiver_A was observed on at 7:55 a.m. assisting resident #1 with self-administered medication.
Administrator/ caregiver_A was observed on at 8:20 a.m. assisting resident #2 with self-administered medication.
Administrator/ caregiver_A was observed on at 8:40 a.m. assisting resident #3 with self-administered medication.

2. Record review of administrator/ caregiver_A's personnel file revealed that training on providing assistance with self-administered medications was received on .

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3. In an interview with administrator/ caregiver_A on at 9:52 a.m. revealed that she did not realized that medication training expired.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mayra R Rondon, Inc
856 Nw 136 Avenue
Miami, FL 33182

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 3/16/2014 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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