STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967253	01/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Paz Home Care Corp	12968 Nw 9 Terrace Miami, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013012017) was conducted at La Paz Home Care Corp. on . There were deficiencies noted during the inspection.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure a Health Assessment was documented and placed in the resident's file within 30 days of admission for 1 of 3 sampled residents (resident #1).

Findings include:

Review of resident #1's complete file revealed he was admitted to the facility on . At the time the inspection began, there was no Health Assessment in the resident's file.

Interview with the administrator on at 10:10 am revealed he acknowledged there was no Health Assessment in the file. He stated the doctor was on vacation for one and a half months.

At 10:38, the administrator provided resident #1's Health Assessment which had been faxed to the facility on the morning of the inspection. It was dated , which, according to the administrator was a mistake. At this time, he and staff A indicated the doctor had seen resident #1 on .

Class III

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

Based on record review and interview, the facility failed to document medication observation immediately after the resident took the medication for 1 of 3 sampled residents (resident #3)

Findings include:

Review of resident #3's current Medication Observation Record (MOR) for the month of 2014 revealed it was not initialed for the the following: 1 mg at 12:00 pm on and , and on for the 8:00 am dose. Additionally, 30 mg was not initialed as given on at 2:00 pm.

Interview with staff A on at 10:07 am revealed she acknowledged not signing the MOR for the above medications and dates. She indicated the medications were given. She updated the MOR at that time.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Paz Home Care Corp
12968 Nw 9 Terrace
Miami, FL 33182

Re: CCR #2013012017

Dear Administrator:

This letter reports the findings of a state complaint 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
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Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121