STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965870	01/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
1 Zource Living Care	1401 Ne 176 Street Miami, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Licensure Survey was conducted on . . . . 1 Zource Living Care had the following deficiencies at time of survey.

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

Based on record review and interview facility failed to have 1 out 4 sampled employees did not have a up to date physial examination in their file at the time of the visit.

Findings includes:

Record review revealed that employee C (RN hired on ; did not have documentation of being free from communicable . . . . . including . . . . . .

Interview with administrator on . . . . at 1:00pm, he confirmed the findings in regards to the employee C. did not have her up to date physical examination inher file for review at the time of the survey.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview facility failed to have 2 out of 4 sampled employees too many in service hours of training all on 1 day.

Findings includes:

Record review revealed employees A. (caretaker who started on . and employee D. (caretaker who started on ; had too many training hours on one day

Hours for Employee A include . . . . . control (2 hours), Incident reporting (2.75 hours), Emergency Evacuation (2 hours), ... (1.5 hours), Activities of Daily Living (ADL) (3.5 hours), Neglect, and (2 hours), Resident Rights (1 hour) Behavioral Needs (1.5 hours), Safe Food Handling (1.5 hours), Policy and Procedures (1.5 hours) and Elopement (1.5 hours) totaling 20.85 hours.

Hours for Employee D. include Adverse Incident (2.5 hours), ... (1.5 hours) Health Assessment (1.0 hour) In service on ALF policy and procedure (1.0 hour) Elopement (1.5 hour), ADL (3.5 hours), , Neglect and

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(2.00 hour), Behavioral Needs (3.00 hours), Resident Rights (1.0 hours), Control (2 hours), Major Incident (2.75 hours), Nutrition and Safe Food Handling (1.5 hours), and Health Assessment (1 hour) totaling 24.25 hours.

Interviewed administrator on at 1:00 pm, he confirmed the findings in regards to the hours of training for these two employees on the date

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a clean and safe environment for the safety of the residents living in the facility.

Findings includes:
1 Observations of the rear area of the facility has shown proof of the safety of the residents are at risk of being hurt in the back area of the facility. A photo has been taken to prove that there is a lot of old wooden planks and other debris that would cause a hazard and dangerous situations to each resident since they are all under Limited Mental Health.

2. Interviewed administrator on a 1:00 pm, he confirmed the findings in the regards for not having the back yard area in a better and cleaner areas for residents safety concerns.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to have a current annual community support plan for 2 out 4 sampled residents

Findings includes:

1. Record review revealed revealed that resident #3 (admitted on annual community support plan was last dated on Further review revealed Resident #4's (admitted annual community support plan was last dated on

2. Interviewed administrator on 0127-14 at 1:00 pm , he confirmed the findings in regards to the residents not having a current annual community support plan.

Class III

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

Based on record review and interview facility failed to ensure 2 out of 4 sampled employees to are trained in working with individuals with mental health diagnosis provided or approved by Department of Children and Families.

Findings includes:

Record review revealed that employees C (Registered Nurse hired on initial 6 hours mental health training was completed on . There was no documentation that the employee took the required 3 hour update. Further review revealed Employee D. (caretaker hired was completed on . Further review revealed Employee D

Interview with administrator on at 1: 00 pm, he confirmed employee C & D did not have their updated training in Limited Mental Health.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
1 Zource Living Care
1401 Ne 176 Street
Miami, FL 33162

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 3/19/2014 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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