| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966215 | 03/26/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Lidy's Health Care | 15561 Sw 8 Lane Miami, FL 33194 | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

**List of Tags Cited:**
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Abbreviated survey was conducted on , 2014. Lidy's Health Care Corp. had deficiencies at the time of survey.

**0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC**

Based on observations, interview and record review the assisted living facility failed to keep the over counter medication in # (Residents # 5)

Findings include:

On at 8:07 am during tour, surveyor observed # . There was over the counter medication on the top of a dresser that belongs to resident #6. There are two residents in # (residents #5, 6). There is no locked cabinet for the over counter medications of resident # 6 in # 1.

During an interview with staff B on at 3:35 pm, she explained that resident # 6 is a hospice resident, and hospice should be responsible of the over counter medication on the top of the dresser.

These following over the counter medications were on the top of the dresser: Ipratropi/ ALB 0.5/ 3 mg Inh SL 30X3 ML / ointment skin protection / Peri Guard Ointment Skin Protectant and Thick-it.

On at 3:36 pm, during an interview with staff B, she confirmed that the over counter medications were not in a secure place out of sight of other residents.

Class III

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

Based on observations on at 9:00 am revealed that staff C failed assisting with self-administration of medications in 1 out of 6 (resident#1) sample residents.

Findings:

On observed at 9:00 a.m. Staff C took a locked box of medication from the refrigerator and opened. She poured the medicine on a spoon; staff C closed the medication box, but she did not lock or put it back to the refrigerator. Staff C carried the medication to # (resident #1) with a glass of milk in her hands...Staff C told

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resident #1 to open her mouth and drink the medication. Staff C assisted resident #1 to drink the glass of milk. Staff C did not match the medication with MOR, and she did not identify the resident. Staff C did not wash her hands and she did not explain resident #1 the type of medication and reason for taken it. Next, staff C did not sign the MOR; staff C storage medication and locked.

Observations on at 9:00 am during med-pass revealed that staff C did not read the Medication Observation Record (MOR) while assisted with self-administration of medication, and she did not initialed the MOR.

In an interview with staff B on at 1:47 pm, she acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to indicate 3 out 3 Limited Mental Health sampled residents on the facility's admission discharge log.

Findings include:

On at 11:20 am, Record review of admission and discharged log revealed that any of the three limited mental health residents (#3, #5 and #6) in the facility were not clearly identified on the admission and discharge log.

Interview with the administrator confirmed the admission discharge log was incorrect.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lidy's Health Care
15561 Sw 8 Lane
Miami, FL 33194

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 5/9/2014 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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