STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966629	03/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shalon Alf	7046 S W 103 Place Miami, FL 33173	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated survey was conducted on , 2014. Shalon ALF. had deficiencies at the time of survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations, interview and record review the assisted living facility failed to dispose discontinue medication in # (Residents # 3)

Findings include:

On at 8:10 am during tour, surveyor observed the residents # 1 with one (inhale 1 via , oral c/8hrs) medication on top of the night stand, and one inside of the draw, and others medications. The night stand stayed open during the entire survey. There are two residents in #.

Interview with staff B on at 1:25 pm revealed that resident # 3 was a nurse; she wants to keep medications that she can administer herself.

An resident #3 record review on 12:22 pm revealed that there was a daily record for the administration of Inhale 1 oral c/8hrs.

Administrator explained that she is not using the medication anymore, and the others medications were Staff B confirms resident #1 medication were not in a secure place out of sight of other residents.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review the Assisted Living Facility failed to have a doctor order to use for one out of 5 sampled residents (#1).

Findings include:

1. Observation on at 8:00 a.m. on # an concentrator equipment.

2. Interview with staff B on at 1:30 p.m. revealed that concentrator equipment on #

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belongs to resident #1, and she uses it when she needs it. She is a hospice patient.

3. Interview with staff B and record review for resident #1's file revealed that there was no doctor order for resident #1 to use concentrator.

Staff B confirmed that staff B did not have a doctor order for the use of concentrator.

Class III

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 over the counter medication in # (Residents # 5)

Findings include:

On at 8:07 am during tour, surveyor observed the residents # 5 with over the counter medication on top of the night stand. There are two residents in # . There is no locked cabinet for the over the counter medications of resident # 5 in # 3.

Interview with staff B on at 1:25 pm, confirmed that resident # 5 like to keep over counter medications on their possession, and medications were not in a secure place out of sight of other residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Shalon Alf
7046 S W 103 Place
Miami, FL 33173

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 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

Enclosure
XG90

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