STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	03/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Marias Alf	12381 Sw 144 Terrace Miami, FL 33186	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability 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 visit for a Standard Biennial Survey was made on . Las Marias ALF had the following deficiencies at the time of the visit:

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

Based on record review and interview and the facility failed to have a health assessment (Form 1823) for 1 of 2 (#5) facility residents.

Findings as follow:

Record review revealed the facility did not have a health assessment for resident #5 who was admitted to facility on .

On at about 12:30 p.m. staff #2 (caretaker) confired the facility did not have a health assessment for resident #5 available for review.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review an interview the facility failed to follow the correct procedure when assisting 1 of 6 (#1) facility residents with self administration of medications.

Findings as follow:

Record review conducted on , 2014 revealed all of Resident"s #1 8:00 PM medication were marked as given on the residents Medication Observation Record ((MOR). Further review of Resident's #1 medication bingo pack revealed all of the resident, 8 pm medications on appeared as given.

On at about 11:00 a.m. Staff #2 (caretaker)stated had punched out all 8 pm medications and had it prepared in a cup for 8 pm administration. Also stated marked , 8 p.m. medications in the MOR by

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mistake.

Class III

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

Based on record review and interview the facility failed to maintain an up-to-date Medication Observation Record for 1 of 6 (#1) facility residents.

Findings as follow:

Record review revealed the facility failed to have an accurate MOR for resident #1.
Record review documented , 8 p.m. medications for resident #1 were marked as given.
On at abouut 11:00 a.m. facility staff #2 (caretaker) stated marked resident's #1 MOR, medications for at 8 pm, by mistake.

Class III

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

Based on record review and interview the facility failed to document freedom from communicable including for 1 of 4 (#1) facility staff.

Findings as follow:

Record review documented the facility failed to documnet freedom from communicable disesae including for staff #1 (administrator).
On at about 12:40 p.m. staff #2 (caretaker) stated the facility failed to have the documentation of freedom from communicable including available for review for staff #1 (facility administrator)

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on record review and interview the facility failed to have documentation of the 12 hours of continuing education training for staff #1 (administrator)

Findings as folow:

Record review documented there was no documentation of the 12 hours of CORE continuing education training for facility administrator (staff #1) available for review.
On at about 1:00 p.m. staff #2 aknowledge the findings.

Class III

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0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have the sanitation and nutrition training for 2 of 4 facility staff (#1, #3)

Findings as follow:

Record review revealed the facility failed to ensure staff #1 (administrator, hire date unknown) and #3 (caretaker hire date) were trained it Nutrition and Sanitation.

On at about 1:00 p.m. staff #2 (caretaker) acknowledged staff #1 (administrator) and #3 (caretaker) were not trained in Nutrition and Sanitation

Class III

0164-Records - Inspection Availability 58A-5.024(4) FAC

Based on record review and interview the facility failed to have 1 of 4 (#1, #4) facility staff records available for review.

Findings as follow:

Record review docuemnted the facility had no the facility manager (#4) staffing records available for review.

On at about 12:30 p.m. facility staff #2 (caretaker) stated the facility administrator had the manager records with her out of facility.

Class III

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

Based on record review and interview the facility failed to have a mental health assessment, an annual community support plan and a agreement for 1 of 3 (#3) facility mental health rersidents.

Findings as follow:

Record review documented facility resident #3 admitted to facility on had a diagnoses of . Record review documented the facility had no an annual community support plan, a agreement and a mental health assessment available for review for resident #3.

On at about 12:30 p.m. staff #2 caretaker aknowledge findings.

Class III

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

Based on record review and interview the facility failed to have the Limited Mental Health and the Limited mental health continuing education training for 2 of 4 (#1 and #3) facility staff.

Findings as follow:

Record review documented the facility failed to have the Limited Mental health continuing education training for staff #1 (administrator) . Record review documented the last Limited mental health training for staff #1 was dated . The facility failed to have documentation of the Limited mental health training for staff #3 hired on

On at about 1:00 p.m. staff #2 (caretaker) acknowledge the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Las Marias Alf
12381 Sw 144 Terrace
Miami, FL 33186

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 5/8/2014 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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