STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967495	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leisure City Home Care	14785 Coolidge Lane Homestead, FL 33033	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial survey was conducted on . Leisure City Home Care had deficiencies at the time of the survey.

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

Based on observation and interview the Assisted Living Facility failed to assist residents with medication self-administration as required for 4 out of 6 sampled residents (#2, #3, #4 and #6).

Findings include:

1. Observed medicine administration for 8 a.m. administered on approximately at 8:14 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen and took medicines prepared in advanced for resident #2, approach to resident #2 and said "take them", gave a cup with water and go away, then documented in Medication Observation Record (MOR). Caregiver_A did not wash her hands prior or after assisting resident with self-administration of medication.

Observed medicine administration for 8 a.m. administered on approximately at 8:15 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen and took medicines prepared in advanced for resident #3, approach to resident #3 and said "here are your medicines", gave a cup with water and go away, then documented in Medication Observation Record (MOR). Caregiver_A did not wash her hands prior or after assisting resident with self-administration of medication.

Observed medicine administration for 8 a.m. administered on approximately at 8:16 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen and took medicines prepared in advanced for resident #6, approach to resident #6 and said "takes your medicines", gave a cup with water and go away, then documented in Medication Observation Record (MOR). Caregiver_A did not wash her hands prior or after assisting resident with self-administration of medication.

Observed medicine administration for 8 a.m. administered on approximately at 8:47 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen and took medicines prepared in advanced for resident #4, approach to resident #4 and said " takes your medicines", gave a cup with water and go away, then documented in Medication Observation Record (MOR). Caregiver_A did not wash her hands prior or after assisting resident with self-administration of medication.

2. In an interview with caregiver_A on approximately at 12 p.m. revealed that she assisted residents with medication self- administration but she just forgot few steps and residents did not have any problems

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because of that. She admitted that she did not wash her hands or use hand sanitizer.

Class III

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

Based on observation and interview the Assisted Living Facility failed to keep residents' medications locked at all times for 4 out of 6 sampled residents (#2, #3, #4 and #6).

Findings include:

1. Observed medicine administration for 8 a.m. administered on approximately at 8:14 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen which was unlocked and took medicines prepared in advanced for resident #2.

Observed medicine administration for 8 a.m. administered on approximately at 8:15 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen which was unlocked and took medicines prepared in advanced for resident #3.

Observed medicine administration for 8 a.m. administered on approximately at 8:16 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen which was unlocked and took medicines prepared in advanced for resident #6.

Observed medicine administration for 8 a.m. administered on approximately at 8:47 a.m. by caregiver_A. Caregiver_A went to the cabinet in the kitchen which was unlocked and took medicines prepared in advanced for resident #4.

2. In an interview with caregiver_A on approximately at 12 p.m. revealed that she prepared medicines in advance that day and placed them in the kitchen cabinet because it was the last day of the month and her coworker was not in the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Leisure City Home Care
14785 Coolidge Lane
Homestead, FL 33033

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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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