STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966998	04/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Armero Torres Alf, Inc	3011 Nw 52 Street Miami, FL 33142	

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
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard survey was conducted on , 2014. Armero Torres Alf, Inc. had deficiencies at the time of survey.

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

Based on observation and interview facility's staff (B) did not follow appropriate procedure when assisted 1 out of 4 sampled residents (#1) with her self-administration of her medications.

Findings include:

On / at 9:15 pm, surveyor observed a small refrigerator in the facility's office; inside the refrigerator has the following medication: Flexpen, 10 units, exp - 100 units / ML vial / Inject 32 units every afternoon. Surveyor observes that the medication belong to resident #1, per administrator resident administer the herself.

On / at 12:03 p.m., during an interview with resident #1, she explains that she takes the before bed-time. The caregiver prepares the injection and she only administers it.

Observed med pass at 12:00 pm, for resident #1 by staff B, Observed staff B wash and dry hands, put gloves on, remove the Flexpen from refrigerator and the 10 units and give it to resident #1, the resident asks if the Flexpen has medication because her sugar levels has been high, and staff B says yes and show her. The resident administers the and staff B put the rest of the medication in the refrigerator. Surveyor asks staff B, if she gives assist the resident measuring the 10 units and staff B answers, "Yes " . Staff B put the rest of the medication inside the refrigerator and lock it. Resident # 1 does not measure the medication herself. Staff B has been measuring the units of the .

Class III

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

Based on observation and interview the facility failed to ensure that medications were kept in a locked receptacle.

Findings include:

On / at 9:15 pm, surveyor observed a small refrigerator in the facility's office; inside the refrigerator was

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the following medication: Flexpen, 10 units, exp . The door of the refrigerator was unlocked and the office door was kept open at all times during the entire survey.

Interview with the administrator on confirmed there was unlocked medication in the facility's refrigerator

Class III

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

Based on record review and interview the facility failed to ensure that 1 out of 3 (C) employees ' received the 3 hours of Continuing Training in Limited Mental Health.

Findings include:

On , 2014 at 10:35 a.m., during a personnel record review revealed that facility failed to provide 2 hours of training in Limited Mental Health to staff C.

On , 2014 at 2:55 p.m. the administrator acknowledged Staff C did not have the continuing Limited Mental Health training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Armero Torres Alf, Inc
3011 Nw 52 Street
Miami, FL 33142

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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