STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Suany's Home	20411 Sw 116 Road Miami, FL 33189	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2014002416) was conducted on . Suany's Home had no deficiencies at time of survey.

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

Based on observation and interview, the facility failed to assist with the self-administration of medications by having medciations pre-poured into cups for 6 out of 7 sampled residents.

Findings include:

Observation inside the facility's medication storage cabinet on at 11:34 am revealed there were clear plastic cups with blue tape on which residents' names were written. Inside the cups were medications for the residents. Resident #1's cup contained 6 pills. Resident #2's cup contained 4 pills. Resident #3's cup contained 7 pills. Resident#4's cup contained 4 pills. Resident #5's cup contained 9 pills. Resident #6's cup contained 3 pills.

Interview with staff A on at approximately 11:40 am revealed he said another staff member was the one who pre-poured the medications. He acknowledged that self-administration of medication did not include having medication pre-poured.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure Medication Observation Records (MORs) were accurate for 2 of 7 sampled residents.

Findings include:

Observation of resident #4's current medication bingos on at approximately 11:00 am revealed the doses of the following medications were still in the bingo: 1) .5 mg, 400 mg, and 40 mg. The resident afternoon dose of Doc-Q-Lace 100 mg was still in the medication bingo for the dates and .

Record review of resident #4's current 2014 MOR revealed staff initialed the MOR on the above dates indicating the medications were given. There was no notation on the back of the MOR indicating the resident refused the medications.

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	AL11965854	**04/07/2014**
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Suany's Home	**20411 Sw 116 Road Miami, FL 33189**	

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

Observation of resident #2's current medication bingos on at approximately 11:00 am revealed the morning dose of the following medciations were still in the bingo: 1) 5 mg, 2) 1 mg, 3) Clopidrogrel 75 mg, 4) 1 g, 5) 200 mg, 6) 10 mg, 7) 25 mg, and 8) Rantidine 150 mg.

Review of resident #2's current 2014 MOR revealed staff initialed the MOR on indicating the above listed medciations were given. There was no notation on the MOR indicating the resident refused the medications.

Interview with staff A on at 11:15 am revealed the staff member must have made a mistake and that the resident refused the medications. He confirmed that staff should place a " R " on the MOR if a resident refuses the medication and that here was no indication on the MOR that the resident refused the medication.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Suany's Home
20411 Sw 116 Road
Miami, FL 33189

Dear Administrator:

Re: **CCR #2014002416**

This letter reports the findings of a state complaint 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 , 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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