

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966962	(X3) DATE SURVEY COMPLETED 04/14/2014
NAME OF PROVIDER OR SUPPLIER Abuelitos Felices II Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 12744 Sw 204 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit for a change of ownership survey was made on Abuelitos Felices II ALF had the following deficiencies at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to have 1 of 3 (#1) staff receive 2 hours of continuing education in assisting with self administration of medications

Findings as follow:

Record review documented the facility failed to have proof staff #1 (caretaker, hired on) received continuing education in assistance with self administration of medication.

On at about 12:30 p.m. staff #2 (caretaker) stated the facility failed to have proof of the assistance with self administration training for staff #1 (caretaker hired on)

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Abuelitos Felices II Alf Inc
12744 Sw 204 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state change of ownership 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

AM
Enclosure
XG90

