STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964715	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Home Inc	12810 Sw 18 Street Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated survey was conducted on , 2014. Home Inc. had deficiencies at the time of survey.

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:

Observation on at 1:27 PM revealed laundry the following medication in a bag in the facility's laundry

10 mg tablet, 0.25 mg tablet, 20 mg cap, 50 mg tab, 40 mg, 25 mg tab. Melonican 15 mg, 25 mcg tablet, 100 mg tablet, Ros[erodone 3 mg tab, DR 40 mg tablet, Zolpiden 10 mg, 20 mg 1 mg tablet and 5 mg tab (a.m. dose), Sod 10 mg tab (p.m. dose), 3 mg (bedtime dose), 50 mg tab, Megestrol Acet 40 mg/ ml Cost 37.5 mg.

In an interview with staff A on at 2:05 PM revealed that medicines were delivered the night before by the pharmacy and she was waiting to finish with survey to place them in the locked cabinet.

Class III

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

Based on record review and interview the facility failed to ensure that 3 out of 3 (A,B,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 all employees.

On , 2014 at 12:45 p.m. the administrator acknowledged their staff did not receive continuing education.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964715	03/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aldara Home Inc	12810 Sw 18 Street Miami, FL 33175	

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

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview the facility failed to submit to the Agency 60 to 120 days in advance a request modify the licensed capacity. The facility exceeded the licensed capacity of 6 beds.

Findings include:

Record review found the there are 6 residents listed on its admission and discharge log. Per administrator the resident # 7 and 8 are daycare and a did not reside in the facility.

Interview on at 9:30 a.m., with resident #4 revealed that residents #7 and 8 live in the facility's #

Interview on at 12:30, with resident #1and 6 the residents stated that residents #7 & 8 lives in the facility's

Interview on at 12:50 p.m., with resident # 7 and 8 revealed they live in of the facility . The residents showed two photos on the top of the night stand of their marriage and 50th anniversary celebration along with their clothes and shoes in the closet. The residents went on to say they have ben receiving their medication from the facility on a daily basis.

Surveyor observed on at 1:04 p.m., a bag full of medication belonging to all the residents of the facility, including residents #7 and 8.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Home Inc
12810 Sw 18 Street
Miami, FL 33175

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 5/21/2014 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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