STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942793	04/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Milagrosa Home	3341 Sw 7 Street Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced Standard survey was conducted on . , 2014. La Milagrosa Home. had deficiencies at the time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, facility staff C did not follow appropriate procedures while assisting 4 out of 14 sampled residents (#1, 4, 5, and 6) with their assistance of self-administration of medications.

Findings include:

On . at 12:00 pm., med pass was observed for residents #1, 4, 5, 6 with staff C. Staff C was observed to wash and dry hands; put gloves on; remove residents #1, 4, 5, 6 meds from a locked cabinet. Staff C had several bins of medications in her hands and started to pass medications to residents # 1, 4, 5, and 6. Staff C did not verify medications with the medication observation record (MOR) and/or observe residents #1, 4, 5, and 6 to swallow their pills.

On . . at 3:12 p.m., during an interview with staff A, the staff member acknowledged the observation and findings.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview the facility failed to ensure any change in directions for use of a medication is accompanied by a written medication order issued and signed by the

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resident's health care provider for 3 out of 14 (residents #4, 5, and 6) sampled residents.

Findings include:

On /. . at 12:15 p.m., during a Med-pass observation the facility failed to have a doctor's order for changes in medications for residents (#4, 5, and 6). The medication observation record (MOR) revealed that residents # 4, 5, and 6 medication times was changed from 2:00 p.m. to 12:00 p.m. The facility staff member did not have a new order indicating the change of time.

On . . . . . at 3:17 p.m., during an interview, staff A acknowledges the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
La Milagrosa Home
3341 SW 7 Street
Miami, FL 33135

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 , 2014

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

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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