STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911212	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kelly's Assisted Living Facility	1441 - 1451 Nw 20th Street Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with a Limited Mental Health (LMH) component was conducted on at Kelly's Assisted Living Facility. The facility had deficiencies found 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 ensure that 1 out of 3 sampled unlicensed staff members (Staff B) who provided assistance with self-administered medications had successfully completed medication training.

The findings include:

In an interview conducted on at 2:26 PM with Staff B, she confirmed that she assist the residents with self administration of medications.

A record review conducted of the Medication Observation Record for the month of 2014, revealed that Staff B had signed the Medication Observation Record (MOR) on and for Residents #2, #3, #5 and #7 at 5:00 PM and 9:00 PM. Further review revealed that Staff B marked the MOR for Resident #4 on the same dates, at 9:00 PM only.

In an interview conducted on at 12:20 PM with the Administrator, she confirmed that the initials on the MOR for and for Residents #2, #3 and #4, #5 and #7 were Staff B's.

Record review of Staff B's personnel record, whose date of hire was revealed Staff B had not completed the initial required 4 hour training of "assisting with self medications" by a registered nurse or licensed pharmacist. Further review revealed staff B was not a licensed nurse.

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In an interview conducted on at 1:15 PM with the Administrator, she stated she was accepting a certificate issued on as the required "assisting with self medications" training . The certificate was signed by a Director (an unlicensed person).

During a telephone interview conducted on at 3:00 PM to the training center awarding the certificate, the representative from the training center confirmed that the individual signing the certificate is the trainer of the course.

An internet search was conducted on the Department of Health's Website Health Practitioner license search which revealed that the individual that signed the certificate holds a license as a certified nursing assistant.

In a subsequent interview with the Administrator on at 3:30 PM, she acknowledged the findings.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to maintain a safe living environment which was free of hazards.

The findings include:

During an interview conducted on at 9:35 AM with Resident #1, he stated that he had advised the staff that his door was broken and did not lock. He further stated that they have not fixed it and that it bothers him because he cannot secure his valuables.

An observation made on at approximately 9:55 AM with Resident #1, revealed the door jam to his # was completely broken , making the door unable to lock.

On at 10:30 AM during the tour of the facility with the Administrator, the door to was observed and she acknowledged that the door jam was broken ,but stated she was unaware that the door was broken. Further observation during the tour revealed in

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the : to , the cover plate to the electrical switch and plug adjacent to the sink was missing, exposing the wires inside.

In an interview conducted with the Administrator on : at 10:40 AM, she confirmed the findings. (photographic evidence obtained).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Kelly's Assisted Living Facility
1441 - 1451 Nw 20th Street
Fort Lauderdale, FL 33311

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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