STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910975	04/21/2014
NAME OF PROVIDER OR SUPPLIER Living Of Little Havana, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 820 Sw 20th Avenue Miami, FL 33135	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2014. Living of Little Havana, Inc. had 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 follow appropriate procedure in the assistance of self -administration of medication.

The findings include:

Observation on , , 2014 at 12:20 p.m os staff b assisting resident #11 by staff with self-administration of medication, staff b was observed putting gloves on. The staff then removed the medications from medication cart, verified it was the 12:00 p.m. medication, and prompted the resident. The staff member them removed medication from the bingo card on to the residents hand, and returned the bingo card to the medication cart to annotated the Medpass and turned towards the resident who had gone back to the dining . She did not observe resident #11 take his pills.

On , , 2014 at 12:49 p.m. administrator stated, " Staff b. must have been nervous as you were watching her I will talk to her and review the Medpass procedure. "

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the assisted living facility's personnel records did not include properly documented evidence of Control training for 4 out of 8 (d, e, f, & h) sampled staff.

Findings include:

Facility's record review and interview on , 2014 revealed sampled staff d. (hire date) staff e. (hire date) staff f. (hire date) staff h. (hire date) were not trained in Control.

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On |, 2014 at 10:49 a.m. administrator acknowledged the staff were not trained in Control.

Class III

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

Based on personnel record review and staff interview the facility failed to ensure that all hired staff had received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for 1 out of 8 (e.) sampled employees.

The findings include:

Personnel record review on |, 2014 revealed that there was no documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for staff e. (hire date).

On |, 2014 at 10:49 a.m. administrator acknowledged the staff member was not trained in assistance with self-administration of medication.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review facility failed to ensure 1 out of 8 (e.) sampled staff who provide direct care to residents received a minimum of 1 hour in-service training in the facility's policy and procedures regarding ( ).

Findings include:

Facility's record review on |, 2014 revealed that sampled staff e. (hire date) record did not have any documentation verifying proof of 1 hour in-service training in the facility ' s policy and procedures regarding ' s training available at time of survey.

On |, 2014 at 10:49 a.m. administrator acknowledged the staff was not trained in the facility's policy and procedures regarding .
Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the assisted living facility failed to have substituted items with comparable nutritional value for breakfast. The facility failed to note substitutions before or when the meal is served.

Findings include:

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Living Of Little Havana, Inc	820 Sw 20th Avenue Miami, FL 33135	

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

Lunch posted on the assisted living facility menu for , 2014 was white rice, chicken fricassee, fried sweet potato, pudding, or fruit, juice milk. Lunch served was white rice, chicken fricassee, fried plantains and juice. The facility failed to note substitutions before or when the meal was being served. On , 2014 at 12:55 p.m. administrator stated, " we give them the desert later in the afternoon, because the residents say they are too full from lunch. " Interviewed resident #2 who stated, " I don ' t like the food it ' s mostly the same thing over and over again and we get a snack about 7:00 p.m.

On , 2014 at 1:09 p.m. administrator acknowledged findings.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observations, record review, and interview the assisted living facility failed to have documentation of compliance with level 2 background screening for all staff subject to screening requirements on 5 out of 8 sampled staff members.

Findings include:

Record review on , 2014 found the facility did not have a complete personnel record for sampled staff b. hire date , 2013, d. hire date , e. hire date , g. hire date and h. hire date which included a completed level 2 background screening prior to providing care to residents.

On , 2014 at 10:49 a.m. administrator acknowledged findings.

Class III

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

Based on record review and interview the facility failed to have 2 of 8 (c. and f.) sample staff trained in working with limited mental health residents.

Findings as follow:

Record review documented the facility had the LMH component on the license.

Record review documented the facility failed to have a current update for limited mental health training for staff c. (hire date) and f. (hire date).

On , 2014 at 1:39 p.m. administrator acknowledged the staff did not receive continuing education in working with limited mental health resident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Living Of Little Havana, Inc
820 Sw 20th Avenue
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 6/4/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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