STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	05/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Capricorn Retirement Home Inc	13720 Nw 1st Avenue Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And [illegible] S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Survey was conducted on [illegible], 2014. Capricorn Retirement Home, Inc had the following deficiencies at the time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based in record review and interview, the facility administrator failed to ensure 1 out 5 sampled residents (resident #2) medical examination was completed.

Findings include:

Record review of resident #2's health assessment completed on [illegible] did not indicate the individual's needs can be met in an assisted living facility on page 3, section E completed.

Interview conducted on [illegible] at 3:30 p.m. with staff A it was acknowledged, the health assessment was not completed.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for 1 out of 5 residnts(#2).

Findings Include:

Observations at the facility on [illegible]/1 9:30 a.m., the home health nurse was observed providing [illegible] care for

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resident #2's foot. Interview with nurse on at 9:30am, it was reported, I go everyday to do care on his foot.

The residents care plan had a date and signature. There was no home health records available documenting resident #2 was receiving care for his foot. The resident's progress notes did not contain a written record of care orders, and any changes to the residents foot.

Interview with staff A on at 3:30 p.m., it was stated, "I thought the nurse put them in the folder. I don't have any notes."

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review, and interview, the facility failed to maintain a daily medication observation record (MOR) for 2 out of 5 (#2 and 3) sampled residents who receives assistance with self-administration of medication.

Findings include:

1. Record review on of the medication observation record (MOR) for resident #2 found that medications: 10mg, 2mg, Oint twice daily, 2% ointment, 2mg, 20mg, 40 mg, 300mg, 20mg, 500mg, 200mg, Miriazapine 15mg, PAM 50mg, and Fuphenazine 10mg was not immediately updated each time the medication is offered or administered from , 2014 to , 2014.

During interview with staff A on at 3:30 p.m., it was stated, resident #2 "does not have the medications. The doctor changed them.The pharmacy did not correct the record."

2. During record review for resident #3, it was observed, there was no medication observation record (MOR) for the months of and 2014. The last MOR available for review was for the month of 2014.

Interview with staff A on at 3:30 p.m., it was stated, "I do not have it."

Class III

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0083-Training - First Aid and . . . . 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure 1 out of 4(staff B) sampled staff failed to have the First Aid and . training's.

Findings include:

During record review of the employee file for staff B, it was observed the First Aid and . training certificates expired on . There was no documentation of the current First Aid and . training.

Interview with Staff A on . . . . . at 3:37 p.m., it was reported, "She does not have the training."

Class III

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

Based on record review and interview, the facility failed to ensure 1 out of 4 sampled staff (Staff A) have successfully completed the initial 4 hour training for assistance with self administration of medication.

Finding includes:

During record review of the employee file for staff A, it was noted it contained the 2 hours medication training completed on . The initial 4 hour training was not available for review. There was no documentation of the training available.

Interview with Staff A on , it was acknowledged she did not have the 4 hour medication training.

Class III

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

Based on observations, record review, and interview, the facility failed to have the menu reviewed annually by a registered dietitian.

Findings include:

During the dining observation made on at 12:00 p.m., the residents were asked to come to the dining table for lunch. Once they were seated, they were served: ham and cheese and peanut butter sandwiches and juice. The facility's menu documented the residents were supposed to be served:Ground beef, white rice, navy beans, cucumber salad, banana, and a beverage. The menu posted was not followed and there were no substitution documented before and after meal was served.

The menu is dated to with the dietitian seal. The file contains a Pureed Menu and an Alternative menu. The dietitian's license on file was expired on . The current license is not available. None of the menu's reviewed contained any substitution and there were no menu's available for review for the last 6 months.

On at 3:45 p.m., staff A acknowledged she does not have the current dietitian license.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an admission and discharge log for mental health residents.

Finding include:

Record review on revealed the facility's admission and discharge log was not marked to identify each mental health resident.

Interview with the administrator on / 3:45 p.m. confirmed, residents with limited mental health (LMH) were not noted on the admission log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Capricorn Retirement Home Inc
13720 NW 1st Avenue
Miami, FL 33168

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 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
Field Office Manager

amd
Enclosure
XG90

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