STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bird's Eye Residence, Llc	840 Sw 50 Avenue Margate, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Bird's Eye Residence, LLC. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record interview and record review, the facility failed to ensure that the Medication Observation Records (MORs) was accurately completed, for 1 out 6 sample residents (Resident #6) immediately after providing assistance with self -administration of medication.

The findings include:

During review of Resident #6's MORs for the month of 2014, following her receiving assistance with medication self-administration on at 8:40 AM, it was noted that her MOR was not updated.

a) 325 mg, provided to the resident on at 8:40 am, MOR was not initialed as of at 11:35 AM.

b) 0--0.75 mcg tablet, provided to the resident on at 8:40 am, MOR was not initialed as of at 11:35 AM.

During an interview with the Administrator (a LPN), who performed the medication pass. She confirmed that the and the were given as observed, but she forgot to document the MOR.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bird's Eye Residence, Llc	840 Sw 50 Avenue Margate, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 1 out of 2 employees who provide direct care to the residents (Employee B) had verification of being free from communicable .....

The findings include:

During record review on , no record of communicable ..... status for employee B hired on ..... could be located in the employee's record. During an interview with Employee B, at this time, revealed she completed her physical. However, she was not sure where the verification was located.

During an interview with the Administrator, she also attested to having received verification of the employee's physical and .... However, she was unable to provide any documentation indicating Employee B was free of communicable including ....

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interviews, the facility failed to ensure that 1 out of 2 employees (Employee B) had completed the required elopement training.

The findings include:

Record review of Employee B's file, revealed no evidence that the employee had completed elopement training. Further review revealed the employee was hired on ..... During an interview with Employee B, at this time, revealed she provides direct care to resident. Employee B also confirmed that Elopement training had not been completed as of the date of the survey.

During an interview with the Administrator, she agreed with the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bird's Eye Residence, Llc	840 Sw 50 Avenue Margate, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on interview and record review, the facility failed to maintain proof of training completion within an employee's personnel record, for 1 out of 3 employees (Employee A).

The findings include:

During record review on a High school diploma or Equivalent for Employee A (the Administrator hired on could not be located in her record. During an interview with the Administrator, she was unable to provide aforementioned information. She also confirmed that she had a GED but was unable to locate the information.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Bird's Eye Residence, Llc
840 SW 50th Avenue
Margate, FL 33068

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2014 by a representative from 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 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/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida