STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966227	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mother's Years Inc	5454 Sw 145 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Standard survey was conducted on , 2014. Mother's Years Inc. had deficiencies at the time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and record review facility failed to provide residents (1,2,3,4,5) their rights.

Findings include:

On at 8:13 during a facility tour, surveyor observed the refrigerator's door close with a chain and a locked.

On at 8:14 during an interview with staff A, it revealed that the locked in the refrigerator door is used to prevent residents (1, 2, 3, 4, and 5) to get what it is inside of the refrigerator.

On at 3:00 pm, during an interview with owner, she acknowledged the deficiency.

Class III

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

Based on record review and interview the assisted living facility failed to maintain the daily medication observation record (MOR) for 1 out 5(#5) sampled residents.

Findings include:

On at 8:21 am, an interview with resident #5 revealed that she had her medication last night and early in the morning.

On at 10:15 am, a record review revealed that residents (1,2,3,4,) had no information of dose, and dose time recorded at the MOR.

On at 1:55 pm, an interview with owner and staff A, revealed that the resident #5's son gave her medication last night and early in the morning.

On at 1: 59 pm, the owner and staff A acknowledge deficiency.

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Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel record review and staff interview the assisted living facility failed to ensure that 2 out of 3 (A, B) sampled staff members have a freedom from communicable including statement.

Findings include:

Record review found that staff member A and B had no annual freedom from statement in her chart documented.

Interview with the facility's owner on at 1:30 p.m. confirmed that staff members A and B did not have statements of freedom from .

Class III

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that 1 out of 3 (B) sampled staff members required in-service.

Findings include:

On during a 10:30 am,personnel record review found that staff #B's (caretaker/ hired on) did not have any documentation of following in-service training:

1 hour in-service training withing 30 days of Reporting Major Incidents
1 hour in-service training withing 30 days of Control.

Interview with the owner on at 1:28 p.m. confirmed that staff #B did not have in-service training. The owner acknowledged deficiency.

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 the initial 4 hour training on providing assistance with self-administered medications for (Administrator) sampled staff.

Findings include:

Record review on for administrator (hired on) had no documentation that he received the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an ALF.

On at 11:54 a.m. the owner verified there was no documentation of training available and she acknowledge the deficiency.

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Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to maintain a complete chart for resident #5 and to have signed documents of consent for unlicensed staff to assist with the self-administration of medication for 5 of 5 (#s 1,2,3,4,5,) residents.

Finding included:

On at 10:15 am, during a record review to the Medication Observation Record (MOR) revealed that resident (1, 2, 3, and 4) had medication at 8:00 am.

On at 10:25 am, during a record review to residents Form 1823, revealed that resident (1, 2, 3,4) need medication self-administration assistance. Further review revealed there was no documentation of the resident's consenting to being assisted with self-administration of medication by unlicensed personnel.

On at 10:20, during an interview with resident (1,2,4,5)revealed that they had medication early in the morning.

On at 10:26, during an interview with staff A they had their medication early in the morning.

On at 1:20 pm, owner acknowledged deficiency.

Class: III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility failed to contract a Nurse.

Findings include:

On during a record review to the facility revealed that, the facility holds an ALF standard license with limited nursing services component.

On during a record review to the facility revealed that the facility had no record of a contracted nurse available for review.

On at about 1:00 p.m. the facility owner stated did not have a contracted nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Mother's Years Inc
5454 Sw 145 Avenue
Miami, FL 33175

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 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:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com