STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964407	06/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Casa Llanes Alf, Inc	5861 E 4th Avenue Hialeah, FL 33013	
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard survey was conducted on , 2014. Casa Llanes ALF, Inc. had deficiencies at the time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to ensure that 2 out of 6 sampled staff (B & C) follow appropriate procedures when assist 4 out 5(# 1, 2, 3, & 5)sampled residents with their self-administration of medication.

Findings include:

Observation on , 2014 at 2:00 pm, staff B washed her hands and took three bingo cards. The staff member then approached resident #3, took the pill in her hand (no gloves) and put the pill on resident #3's hand, gave her water and walked away to the next resident. Staff B did not verify Medication Observation Record (MOR) information, explain medication and observed if the resident swallowed the medication.

Further observation on 2:01 pm, staff B walk to resident #2 open the bingo card and took the medication in her hands (no gloves) and put the pill on resident #2's hand and gave her water; staff B moved to the next resident. Staff B did not verify MOR information, explain medication and wait to see if the resident swallowed the medication.

In additional observation on 2:02 pm, staff B took resident # 5's bingo card of medication and took a pill in her hand (no gloves), and staff B put the pill in her mouth. Staff B gave her water. Staff B did not verify MOR information, explain medication and wait to see if the residents swallowed the medication.

Last observation on 2:03 pm, observed staff C took an inhaler and asked resident #1 to open the mouth, and staff C pressed two times the inhaler. Staff C did not verify MORA information, explained the medication to resident #1 and staff C pressed the inhaler herself.

Record review of the resident MOR at 2:05 pm, a MOR revealed the following information regarding resident's # 1,2,3 and 5 medication information: resident # 1 Proair /HFA inhaler 90 MCG ,resident #2 50 MG Tab, resident # 3 25 mg and resident # 5 0.5 mg tab.

Interview on , 2014 at 2:30 pm during an interview with staff B acknowledge proper procedure was not followed when assisting with self-administration of medication.

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Class III

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

Based on record review and interview the facility failed to ensure 4 out 5 (administrator & staff A, B & C) sampled employees to complete the annual test.

Findings include:

A personnel record review to employees (administrator & staff A, B, C) revealed that they did not have the test documentation updated.

During an interview with staff A revealed that he called the facility doctor to take the test. Staff A acknowledged deficiency.

Class III

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

During record review, observation and interview the facility failed to provide documentation in 1 out of 5 (administrator) staff sampled of 4 hours of self-administration of medication assistance.

Findings include:

Personnel record review on , 2014 at11:20 am, revealed the administrator did not have documentation of receiving 4 hours of self-administration of medication assistance.

Personnel record on , 2014 at 11:25 am, revealed Staff B did not find any documentation receiving the 4 hour training of self-administration of medication assistance.

Interview with staff B on , 2014 at 11:45 am, confirmed the staff did not receive the 4 hours of assistance with self -administration of medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Casa Llanes Alf, Inc
5861 E 4th Avenue
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a standard biennial 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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