STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932534	06/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Esther Home Care Inc	13908 Sw 26 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - 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

A Standard Biennial survey was conducted on , 2014. Facility had deficiencies at the time of survey.

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

Based on record review, observation and interview the assisted living facility failed to have a complete resident record for 2 of 5 (#1, 2) sampled residents.

Findings include:

Personnel record review on @ 1:05 pm for resident #1(admitted on) revealed, facility failed to have financial agreement signed, and consent for assistance with medication by unlicensed personnel.

Personal record review on @ 1:15 pm (resident #2 admitted on) revealed, facility failed to document information of freedom of communicable , 24 hrs. of nursing/ supervision, MD states " Needs can be met in ALF/AFCH " and Doctor approval for stay alone up to two hours.

An interview on @ 1:30 p.m., staff B stated that the facility failed to have health assessments for resident #1.

Class III

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

Based on record review, and staff interview the assisted living facility failed to maintain the daily medication observation record (MOR) for 2 out of 5 (2, 4) sampled residents.

Findings include:

Record review of resident #2's MOR on @ 9:02 am revealed that Resident #2's MOR doses for the following medications were not signed as given: 10 GM/15 ML Syrup , 1 spoon 2 times a day on

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(8:00 am), 20 MG , a tablet a day before to go to sleep on (8:00 pm) and Docuste Cal 240 MG Soft gel at night time on (8:00 pm).

Further record review revealed that resident #4's MOR on @ 9:10 am revealed that Resident #4's MOR doses for the following medications were not signed as given: 20 MG, take one Tablet at bed time - (8:00 pm) , & Arvedilol 25 MG , One tablet every day on (8:am). Also, resident #4 ' s MOR is missing information for the (No milligram indicated in the MOR).

Interview of resident #4 on @ 11:06 am revealed that he did not have his medication in the morning.

Interview with staff A on @ 10:05, revealed that she assist with self-administration of medication in the facility, and she forgot to give resident #4's medication.

Staff A & B confirmed on @ 1:00 pm that residents #s 2 & 5 MOR were missing signatures indicating the medication were given on the above references days.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and staff interview the assisted living facility failed to keep the medications cabinet locked at all times.

Findings include:

Observation on @ 8:50 am revealed the medicaton cavinet in the main unlocked. The following medications were inside of the cavinet Docuste Cal 240 mg, Arvedilol 25 mg, 20 mg, 20 mg and 10 mg/15 ml.

During an interview with staff A on @ 10:00 am confirmed that medication cabinet was opened at all time during survey.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observations and interview the assisted living facility failed to keep over the counter medication labeled and locked in residents' #1, 2 and 3.

Findings include:

Surveyor observed on @ 8:05 am over the counter medications on the following :

shared for residents ' #s 1 & 2, but medications (Sensitive refresh plus lubricant eye drops, and Odol care cream) belong to resident #1 and they were unlocked and unlabeled.

is occupied per resident # 5. Door is open and medication (U.S.P) is unlocked and

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unlabeled.

shared for residents # 3 & 4, but medication (160 mcg 120/ inhalation) belong to resident # 3 and is unlocked and unlabeled.

On at 1:30 pm, an interview with staff B acknowledged that the over the counter medication was not properly stored.

Class III

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

Based in record review and interview facility failed to ensure 3 out of 3 staff (Administrator, A and B) sampled documentation of freedom of communicable and .

Findings:

Record review revealed on @ 1:20 pm that the following staff did not have an up to date freedom from communicable including for the following staff: The administrator last examined on staff A was last examined and staff B was last examined on .

An interview with staff B on @ 2:00 pm confirmed that administrator and staffs A & B were missing freedom from communicable and examination.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review and interview the facility failed to maintain a proper written work schedule, which reflects its 24-hour staffing pattern.

Findings include:

Observation tour of the facility on at 8:00 a.m.; sampled staff A was observed assisting resident's with ambulating, transferring to the , cooking in kitchen and cleaning residents '

Record review on @11:26 am on a facility revealed the staffing pattern does not match with interview and record review. There is a total of 1 staff (A) available with residents who are there 24 hours and live at the facility. The other staff is a secretary (staff B), and she does not make direct contact work with residents.

Interview on @ 11:00 am to staff A & B revealed the following information : Per staff A, she works as intern. Per staff B: she works 4 hours (3 times a week).

Class III

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0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on personnel record review and staff interview the assisted living facility failed to ensure that facility had a manager who completed the CORE training of competency test documentation in record.

Findings include:

Record review on at 1:00 pm revealed that the facility's administrator (hired) did not have a CORE training competency passed test and/or Core continue education documented on personnel chart.

Interview on at 1:08 p.m. with staff B revealed that there is no documentation to prove that the Administrator complete the CORE training in the facility at the time of survey.

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 2 out of 3 (B) sampled staff members required in-service.

Findings include:

Personal record review on during @ 1:30 am found that staff #A's (caretaker/ hired on) did not have any documentation of following in-service training:

Reporting Major Incidents, ADL & Behavioral needs Elopement response, Emergency preparedness & Evacuation, Incident report and Resident rights.

Personal record review on @ 1:35 pm found that staff B ' s (caretaker/ hired on) did not have any documentation of following in-service training:

Emergency preparedness & evacuation and Incident report.

During an Interview with the staff B on @ 1:41 p.m. acknowledge that they were missing documentation of some in-service training.

Class III

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

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for 1 out of 3 sampled employees (A).

The findings include:

A review of the personnel records for administrator conducted on at 1:00 pm revealed that there was no documentation in the record to show that the staff A completed at least one hour of training regarding policies and

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procedures for (hired on).

Interview on @ 1:00 pm, with staff B confirmed that there was the administrator was missing documentation for training at the time of survey.

Class III

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

Based on record review and interview the facility failed to have an employment application with references for 1 of 3 (staff A) sample employees.

Findings as follow:

Record review for staff A (hired on) revealed there was no employment application with references.

Interview on @ 1:43 pm revealed that staff A acknowledged that her personal record is missing employment application with references.

Class III.

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

Based on personnel record review and staff interview the assisted living facility failed to ensure that 3 out of 3 (Administrator, A, B) sampled staff members received limited mental health training within six months of employment provided by or approved by the Department of Children and Families (DCF).

Findings Include:

Personal record review on revealed that Administrator and staff A and B did not have any evidence of having six (6) hours of Limited Mental Health (LMH) training.

Interview with staff # B on at 12:33 p.m. confirmed that all staff (Administrator, A and B) would be taking the training next month.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Esther Home Care Inc
13908 Sw 26 Terrace
Miami, FL 33175

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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