STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gables Manor Enterprises Ii Inc	670 East 57 Street 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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated survey was conducted on , 2014. Gables Manor Eenterprises II, Inc. had deficiencies at the time of survey.

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

Based in observation, interview and record review the facility failed to ensure 1 out of 4 (#3) sampled staff follow proper assistance with self-administration of medication procedure for 1 out 5 (#3)sampled residents.

Findings include:

Observation on / at 9:00 am, revealed staff B took the Medication Observation Record (MOR), a glass of water and 8 bingo s medication card to resident #3(#). Staff B placed the resident in a seating position and said, " Medications." Staffs B took 8 pills(from each medication bingo card) in her hands(no gloves) and approached to the resident #3 and said, " give me your hand." Staffs B poured the eight pills into resident #3 right hands and said, " drinks your medication as you do every day." Resident #3 tried to put the pills in his mouth, but 3 of the 8 pills on his chest. Staff B picked the 3 pills up from resident #3 chest with her hand and gave them back to resident #3. He put the medications in his mouth and drank with water. Staff B took the MOR and recorded the medication passed.

Interview with staff B On / at 9:05 am, revealed she did not know that she could not take the pills from the bingo with her bare hands. She also stated that she always used the same procedure to assist all residents with self-administration of medication.

Record review of the Medication Observation Record (MOR) on / at 9:10 am revealed the resident #3 took the following medications: Multivitamis tab 50 mg tab, HBP 10 mg Tab solosin 0.4 mg cap, 250 mcg tab ; 10 mg tab, 100 mg tab, and 4 mg tab a day.

Interview with the administrator on / at 2:20 pm, acknowledged staff B did not follow proper procedure deficiency.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gables Manor Enterprises Ii Inc	670 East 57 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, record review and interview the facility failed to ensure Over The Counter (OTC) medication labeled.

Findings Include:

Observation on / revealed medication storage had the following OTC medications with no labels: Milk of Magnesia ( ), , Thick-It , Pain Relief 200 mg , Ciruplex tabs, Mason Calmme caps, extra strength pain relief, and Rubitossin for adult.

Record review to the Medication Observation Record on / during a , revealed that facility had no prescriptions for those OTC medication

Inteview with the administrator on / confirmed he did not know that the OTC medication needs to be labeled. Administrator stated that those medications mostly came from residents' family members. Administrator did not know to whom exactly those medications belong to.

Class III

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

Based on personnel record review and staff interview the facility failed to ensure that 2 out of 4 (staff B & C) sampled staff members have a freedom from communicable including statement.

Findings include:

Record review on / a record review revealed that staff member B (hired on /) & C (hired on /) were listed on the facilites staffing scheulde. Further review revealed the staff member did not have a freedom from communicable including statement.

Interview with the facility's administrator on / with the facilitv's administrator confirmed that staff B & C did not have a freedom from communicable including statement in their files.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review, observation and interview facility failed to have 2 out 4 sampled employees to have training in the areas for Nutrition and food handling and Food service designee.

Findings include:

Observation on / revealed staff B & C listed on facility's schedule to work on different shifts. Further observation revealed staff B supervising, preparing and serving food for residents #s 1,2,3,4 & 5.

Record review on revealed that staff B (hired on /) & C (hired on /) did not have documentation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	07/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gables Manor Enterprises Ii Inc	**670 East 57 Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

of being trained for Nutrition or Food Handling.

Interview with administrator on at 2:00 pm, revealed that both staff assisted with food preparation and serving. Administrator knew that staff A & B did not have the training for Nutrition and Food Handling Service. The administrator also confirmed that he will call the nutritionist to provide the trainings to staff A & B.

On / at 2:10 pm , administrator acknowledged deficiency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Gables Manor Enterprises Ii Inc
670 East 57 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of an abbreviated 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

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