STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966278	07/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our Lady Of Lourdes Alf, Inc	14491 Sw 153 Terrace Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 . Our Lady of Lourdes ALF had the following deficiencies at the time of the visit:

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

Based on record review and interview the facility failed to have an accurate medication observation record (MOR) for 1 of 6 (#2) sampled residents.

Findings as follow:

On at about 8:45 a.m. observed staff #2 assisting resident #2 with self administration of medications.

Record review documented that resident #2's MORs were not correctly doc... ordered 1/2 tab a day. MOR was signed as given at 8:00 am till and 8:00 p.m. till . Medication review found that the facility did not have the 8:00 p.m. pills in facility.

On at about 11:50 a.m. staff #4 (caretaker/owner) stated the facility failed to receiv... (for resi ...m the pharmacy, as prescribed by the Doctor; and added the facility signed the as given at 8:00 p.m. by mistake because the pill was only administered to resident once a day as prescribed.

Class III

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

Based on observations and interview the facility failed to provide a doctor's order for 1 out of 6 (#2) sampled residents who received assistance with self-administration of medications.

Findings include:

Observations on at about 8:45 a.m. found that resident #2's bingo card stated "half (1/2) tablet (tab) a day' ...ard observed with had the whole pill (not scored, which mean medications could not be cut in half) was signed as given till . The facility did not have any documentation that the medication was to be given as a whole pill. The facility did not have a new order.

Findings were reviewed with staff #4 on at 11:50 a.m.

Class III

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

Based on record review and interview the facility failed to have 1 of 3 (#2) facility staff trained in Limited Mental Health continuing education.

Findings as follow:

Record review documented the facility had the LMH component in license. Record review documented the facility failed to have staff #2 (caretaker hired on); trained in Limited Mental Health continued education. Last LMH continuing education training for staff #2 was dated .

On at about 11:40 a.m. facility staff #4 (caretaker/owner) stated the facility failed to have staff #2 train continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Our Lady Of Lourdes Alf, Inc
14491 Sw 153 Terrace
Miami, FL 33177

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
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

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