STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Petshirl	8361 N E 3rd Avenue Miami, FL 33138	
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 - 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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Petshirl Group Home had deficiencies identified at the time of the survey.

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

Based on the record review and interview the facility failed to maintain an up to date medication observation record (MOR) for 3 out of 3 sampled residents (#1, #2, #3).

Findings include:

Record review on found that residents #1, #2, and #3's medication observation records were last initialed by the facility's staff members on , 2014. The review showed the the MORs for all three residents were not initialed from to .

On , 2014 at 11:05 AM, staff B identified his markings in the MORs. On , 2014 a 1:25 PM, staff B acknowledged the MORs for resisdents' #1. #2, and #3 were not up to date, stating that he takes full responsibility.

Class III

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

Based on observation and interview, the facility failed to ensure that over the counter products were labeled with the residents' name for 1 out of 3 sampled residents (#1).

Findings include:

Observation on , 2014 at 9:46 AM revealed a One A Day Men's , Nature Made D 31000, Centrum Omega 3, and Oscal Extra D3 over the counter products stored inside of the central medication storage location.

Further observation revealed the One A Day Men's , Nature Made D 31000, Centrum Omega 3, and Oscal Extra D3 over the counter products were not labeled with the residents' name.

On , 2014 at 9:46 am, staff B identified the over the counter products as belonging to resident #1 and

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acknowledged they were not labeled with resident #1's name.

Class III

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

Based on record review and interview, the facility failed to provide documentation showing 2 out of 2 sampled staff members (A, B) obtained a freedom from communicable including statement.

Findings include:

On , 2014 at 10:32 AM, Staff B stated he works the 7 AM-7 PM shift and Staff A works the 7 PM-7AM shift.

Record review of Staff A and Staff B personnel file revealed no documentation of a freedom from communicable including statement.

On , 2014 at 11 AM, Staff B stated he did not know where it is.

Class III

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

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

Findings include:

Observation conducted on , 2014 at 9:56 AM, revealed no evidence of a written work schedule posted at the facility.

Record review revealed no documentation of a written work schedule.

On , 2014 at 10:26 AM, staff B acknowledged not providing a written work schedule upon request and stated that it is not up to date right now.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the provider failed to provide documentation showing 2 out of 2 sampled staff members (A,B) had completed courses in First Aid and ( ) training.

Findings include:

On , 2014 at 10:32 AM, Staff B stated he works the 7 AM-7 PM shift and Staff A works the 7 PM-7 AM shift.

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A review of Staff B's personnel file revealed no evidence showing he had completed courses in First Aid and Staff A (registered nurse) did not have training available for review at the time of the survey.

On , 2014 at 11:06 AM, staff B acknowledged the First Aid and documentation was not in the files.

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 ensure that 1 out of 2 sampled staff members (B) completed a minimum of two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings include:

On , 2014 at 10:32 AM, Staff B stated he works the 7 AM-7 PM shift and Staff A works the 7 PM-7AM shift. He also stated at 12:52 p.m. that he assists with medications.

Record review found that staff B's last medication training was dated .

Class III

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

Based on interview and record review, the facility failed to ensure the person responsible for the facility's food service obtained annually, a minimum of 2 hour continuing education.

Findings include

On , 2014 at 11:09 AM, staff B identified himself as the person who is responsible for the facility's food service. Staff B acknowledged that he had not received the 2-hour annual training.

A review of Staff B's personnel file revealed no documentation showing he had received the 2-hour annual training.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain the admission and discharge log.

Findings include:

Record review revealed that the facility did not have an admission and discharge log.

On , 2014 at 11 AM, staff B acknowledged the admission and discharge log was not readily available and

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stated that he did not know where to locate it.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out of 3 residents (#1) records contained a signed copy of the written informed consent for assistance with self-administration of medication and a health assessment form.

Findings include:

Record review of resident #1's file revealed he was admitted to the facility on , 2013. A review of resident #1's medication observation record revealed staff B had, for the month of 2014, been assisting resident #1 with his medication. Further record review revealed no documentation of a health assessment and no documentation of a signed copy of the informed consent for assistance with self-administration of medication and a health assessment form.

On , 2014 at 2:06 PM, staff B acknowledged resident #1's file did not contain a copy of the signed informed consent and the health assessment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Petshirl
8361 N E 3rd Avenue
Miami, FL 33138

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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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