STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Suany's Home	20411 Sw 116 Road Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on :/ . Suany's Home had deficiencies at the time of the survey.

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

Based on observation, record review, and interview, the facility failed to follow Doctor's orders for 2 of 7 (#2 and #5) residents who received assistance with self administration of medications.

Findings as follow:

Observations on . :/ . . at 09:15 a.m., found staff #3 (caretaker) assisting resident #5 with self administration of medications. At 10:00 a.m. staff #3 (caretaker) was observed assisting resident #2 with self administration of medications.

Record review documented residents #2 and #5 were ordered to take medications at 7 a.m.

On :/ staff #3 (caretaker) admitted residents were assisted with self-administration of medications out of the ordered time.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to identify 2 of 7 limited mental health (LMH) residents (#5 and #6) on the admission and discharge log.

Findings as follow:

Record review documented that resident #5's health assessment had a diagnosis of . and

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resident #6 had a diagnosis of Major . Record review found that the facility failed to identify residents #5 and #6 as LMH residents in the admission and discharge log.

On :/ at 1:14 p.m. the facility's owner (staff #2) stated the facility failed to identify the LMH residents (#5 and #6) in the admission and discharge log.

Class III

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

Based on record review and interview the facility failed to have 1 of 5 (#5) staff members trained in working with Limited Mental Health (LMH) residents.

Findings as follow:

Record review documented the facility has a standard license with Limited Mental Health component.

Record review documented the facility failed to have staff #5, (manager) hired on / , trained in working with Limited Mental health residents. The facility did not have any documentation that staff #5 received 6 hours of LMH training with 6 months of employment.

On ./ at 11:00 a.m., the facility owner (staff #2) , stated the facility failed to have the manager (staff #5) trained in working with limited mental health residents.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview, the facility exceeded its licensed capacity of 6 beds.

Findings as follow:

Observations on :/ at 8:30 a.m. during facility tour found that the facility had 7 residents in four resident . Also observed resident #6 sitting on a bed in # . It was observed the resident had their personal belongings in in the closet.

Record review documented the facility had 6 residents in the admission and discharge log (#1, #2, #3, #4, #5 #7) and 1 resident as Day Care (#6).

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On / at 8:30 a.m. resident #6 stated was living in facility since about 2 weeks ago and added that was very happy sharing the resident #1.

On / at 11:00 a.m. the facility owner (staff #2) stated resident #6 was living in facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Suany's Home
20411 SS 116 Road
Miami, FL 33189

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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