STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965699	08/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abuelitos Residence Home	7855 Nw 185th Street Hialeah, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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

An abbreviated biennial survey was conducted on , 2014. Abuelitos Residence Home had deficiencies at the time of survey.

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

Based on record review and interview the facility failed to have 2 elopement drills performed per year.

Findings as follow:

Record review on @ 12:25 pm to the facility showed that the last documented elopement drill performed on .

Interview on @ 12:45 pm, the administrator stated that she acknowledged that her last elopement drill performed on .

Class III

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

Based on record review, observation and interview the assisted living facility failed to have a complete resident record and Home Health Agency ' s service log for 2 of 3 (1,2) sampled residents.

Findings include:

Observation during tour on @ 8: 25 am, staff A was observed assisting residents #1 & 2 with Acitivities of Daily Living. Moreover, resident 's # 1 medicine (Lantus 100 units/ ML Vial, Exp. was locked in the facility's refrigerator.

Personnel record review on @ 9:00 am for resident #2(admitted on showed the file only contained a health assessment (dated . There was no demographic information, signed contract and consent for assistance with self-administration of medication by unlicensed personnel.

Further record review on @ 9:15 am for resident #1 showed that resident #1 received daily administration from an Home Health Agency Regisered Nurse (RN), and the last service information was recorded on ; there was no care plan in resident chart either .

An interview on @ 12:30 pm, the Administrator confirmed that resident #1 was dependent and the Home Health Agency's (RN) was administering the medication.

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An interview on . . . @ 12:30 p.m., the Administrator confirmed that facility did not have a complete chart for resident (#2), and/or updated log information for resident (#1) home health services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Abuelitos Residence Home
7855 Nw 185th Street
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of an abbreviated bieninial survey that was conducted on 21, 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,

Kristal Branton

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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