STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965068	08/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Hearts Assisted Living Inc	8601 Sw 36 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Caring Hearts Assisted Living Inc had deficiencies found at the time of the visit.

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

Based on observation and interview, the provider failed to ensure over the counter products for 1 out of 6 (#3) residents were labeled with the resident's name.

Findings include:

Observation on , 2014 at 12:47 PM, showed over the counter products: Centrum silver, Lubricant eye drops, and fish (...G were stored with resident's #3's medications inside of a bin. Further observation revealed the over the counter products were not labeled with resident #3's name.

On , 2014 at 12:47 PM, the administrator acknowledged the over the counter products: Centrum silver, Lub drops, and fish oil 1200 MG belonged to resident #3 and were not labeled. The administrator stated the over the counter products were not labeled with the resident's name because they were stored inside of a bin that was marked with the resident's name.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Caring Hearts Assisted Living Inc
8601 Sw 36 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a standard bienial 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

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