STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	08/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Personalized Health Services Corp	**8510 Sw 12th Street Miami, FL 33144**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on I/ . Personalized Health Services Corporation Assisted Living Facility Home had deficiencies identified at the time of the survey.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 out of 4 (B and C) staff received at least two (2) hours of continuing educations in assistance with self administration of medications annually.

The findings included:

Medication pass observations on at 12:00 PM found staff member B assisting a resident with self administration of medications.

Record review found that staff B's last medication training was dated and staff C's last training was dated . The facility did not have any documentation that both staff members received 2 hours of medication training annually.

Interview with staff B on I/ at 2:20 p.m. revealed that she assist the residents with medications. She received initial and continuing education training.

Interview with staff C on I/ at 1:54 p.m. revealed that she also assist the residents with medications. She received initial and continuing education training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have emergency food supply of protein and fruits.

The findings included:

State of Florida Long Term Care Ombudsman was contacted on at 9:30 AM. A representative stated that the last assessment was conducted on . Deficiencies found: There was no enough water and emergency food supply.

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Observations on 1/ at 12 PM found that the facility did not have any canned protein and fruits for the emergency food supply.

Class III

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

Based on record review and interview, the facility failed to provide proof of at least six (6) hours of Limited Mental Health (LMH) training for 1 out of 4 staff (Staff C).

The findings included:

Record review for Staff C (hired on) found that the facility did not have documentation of the limited mental health training on file.

On at 3:50 PM the administrator stated that Staff C had not taken the limited mental health training as required.

Class: III

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the agency of a change in its licensed capacity of six (6) residents. The facility had a census of eight (8) residents at the time of survey.

The findings include:

Facility record review revealed the facility is licensed for 6-bed capacity.

A general tour of the facility was conducted on at 10:00 AM with the facility staff. During the tour, it was revealed that there were eight residents in the facility. During the tour it was also revealed that there were eight beds seen in the home in total. Two of the beds were in the employee .

Interview was conducted with Resident #3 on at 9:55 AM. She states that she resides in the facility and sleeps in the sofa located in the common .

An interview was conducted with the facility administrator on at 2:40 PM. She stated that the facility has seven residents at present. Resident #3 is not a facility resident. She comes daily and eats lunch with us, after lunch her mother picks her up. Resident #7 is a facility resident and sleep in #

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Personalized Health Services Corp
8510 Sw 12th Street
Miami, FL 33144

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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