STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	08/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Miami Heights Alf	11720 Sw 181 Terrace Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal 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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. South Miami Heights ALF had deficiencies identified at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and record review the facility failed to have a doctor review 2 out of 6 (#1 and #2) sampled residents half (1/2) bed rail orders annually.

Findings included:

Facility tour on at 9 am found that residents #1 and #2 had half bed rails attached to their beds.

Record review found that resident #1's 1/2 bed rail order was dated / / and resident #2's 1/2 bed rails order was dated . Record review found that the facility did not have any documentation that both bed rail orders were review by a doctor annually.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

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

Findings included:

Record review revealed that the last documented elopement drill performed was on .

Interview on at 1:45 pm with administrator, she acknowledged that the facility's last elopement drill performed was on .

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Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review, and interview the facility failed to ensure 1 out 6 (resident #5) sampled residents was assisted with self administration of medications is a safe and sanitary manner.

Findings included:

Observation on at 11:05 am revealed that administrator took resident #5's medication bingo card and dropped the pill (HBR 10 MG) to the floor and picked the pill up with her bare hand (no gloves on). And then the administrator passed the pill to staff A (who also did not have gloves on). Staff A still gave the pill to resident #5 after the medication on the floor. Staff A also did not review the medication observation record (MOR).

Interview with the administrator on at 11:15 am confirmed that staff A gave resident #5 the pill that on floor.

Class III

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

Based on record review, observation, and interview the facility failed to maintain an accurate Medication Observation Record (MOR) for 1 out of 6 (resident #5) sampled residents.

Findings included:

Observation on at 11:05 am revealed that the pill of resident #5's 10 milligrams (MG) for 8:00 am in the bingo card

A record review revealed that resident #5's MOR had been initialed as taken for 10 MG for the 8:00 am dosage.

Interview with the administrator on at 11:15 am acknowledged that resident #5 's did not have the medication as it was indicated at the MOR.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the assisted living facility failed to discard discontinues or abandon medications.

Findings included:

Observation on at 9:15 am found three full boxes and bags of medications between the facility's office and . The medications included discontinued and abandon medications.

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An interview on at 9:16 am with administrator revealed that she did not know what to do with those medications and she did not want to break the law.

Class III

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

Based on observation and interview facility failed to have Out The Counter (OTC) medication labeled.

Findings included:

Observation on at 9:20 am revealed that the residents 1, 2, 3, 4 and 5 had OTC medications that were not labeled with the residents' names. The medications included: 250 milligram (MG), Super B- Oil Lubricate , GAS relief, and 80 MG.

Interview on at 11:17 am revealed that administrator did not know that OTC medication needed to be labeled.

Class III

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

Based on record review and interview the facility failed to keep updated documentation of freedom from for 1 out of 3 (B) staff records reviewed.

Findings included:

Personnel record review revealed that staff B did not have documentation that an annual examination was completed. The last statement on file for staff B was dated .

On at 1:30 pm the administrator acknowledged that staff B did not have an updated freedom from on file.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, record review, and interview the assisted living facility failed to ensure that 1 out of 3 (B) sampled staff members required in-service.

Findings included:

Observation on at 9:00 am, staff B was assisting residents and working in facility at the time of survey.

Personal record review revealed staff #B did not have the following in-service training: Emergency Preparedness /Evacuation, Incident Reporting, Resident Rights, and Elopement.

Interview on at 11:00 am with the administrator revealed that staff B in-service training documents must

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be at the facility however she could not find them at the time of survey.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for 1 out of 3 (B) sampled employees.

Findings included:

Record review revealed staff B (hired on) did not have documentation of at least one hour of training regarding policies and procedures for .

Interview on at 1:00 pm with the administrator confirmed that staff B did not have documentation for training at the time of survey.

Class III

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

Based on record review, observation and interview the assisted living facility failed to ensure that 2 out 3 (administrator and B) sampled staff members received limited mental health training approved by the Department of Children and Families (DCF)

Findings Included:

Personal record review revealed that administrator and staff B did not have any evidence of having six (6) hours of Limited Mental Health (LMH) Training.

Observed on @ 11:25 am the administrator looked through employees (Administrator and staff B) personal record; however, she did not find LMH Training documentation.

Interview on @ 11:30 am with the administrator stated that she had her initial LMH Training (6 hrs) but not at the facility during survey. Further interview on @ 11:40 am, with administrator revealed that staff B needed to take LMH training.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to have a level 2 background screening for 1 out 3 (A) sampled staff prior to providing care and services to a census of 6 residents and 3 daycare clients.

Findings included:

Observation on at 9:00 am found staff A (hired) assisting residents and worked in facility at the

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time of survey. On at 11:05 am staff A was observed assisting a resident with self administration of medications.

Record review revealed that staff A had a background screening report but it did not have the level 2 background eligibility status. Further Record review on at 10:50 am at agency's (AHCA) background screening unit 's webpage revealed that a new screening was required for staff A.

Interview with facility's administrator on at 1:40 pm revealed that she did not know a new screening was required for staff A.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Miami Heights Alf
11720 Sw 181 Terrace
Miami, FL 33177

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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