STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967437	09/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Reina Alf	4501 Nw 165 Street Miami Gardens, FL 33054	
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 - 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

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2014. La Reina Assisted Living Facility had deficiencies at time of survey.

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

Based on record review and interview facility failed to honor residents rights regarding use of side rails for 1 out of 4 sampled residents (# 1).

Findings included:

During tour of the facility at 8:20 am observed a full side rail attached to resident # 1 bed.

Record review revealed that there is a prescription for half side rail written by resident # 1 Primary Physician on and a consent to use half side rail signed on .

At 8:21 am Caregiver stated, "I will remove the side rail, because resident does not need it."

Class III

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

Based on observation and interview facility failed to keep medications locked for one out of 4 sampled residents (# 3).

Findings included:

On during tour of the facility at 8:25 am observed in # a tube of over the counter Icy Hot cream with no label and a bottle of Megestrol labeled with this resident name on top of the night stand table belonging to resident # 3 .

At 8:25 am caregiver stated, "They belong to resident # 3 and I will put them inside the medicaton cabinet."

Class III

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

Based on record review and interview facility failed to label an over the counter medication for 1 out of 4 sampled residents (# 3).

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	AL11967437	**09/08/2014**
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Findings

On [illegible] during tour of the facility at 8:25 am observed in [illegible] # [illegible] a tube of over the counter Icy Hot cream with no appropriate label on top of the night stand table belonging to resident # 3

At 8:25 am caregiver stated, "Those medications belong to resident # 3."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Reina Alf
4501 Nw 165 Street
Miami Gardens, FL 33054

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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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