STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964002	07/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
330 Assisted Living Corp	330 Sw 22 Road Miami, FL 33129	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0127 - 58a-5.021(4) Fac - Fiscal - Liability Insurance S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR# 2014006285) was conducted on . . . . . 330 Assisted Living Corp had deficiencies identified at time of the survey.

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

Based on record review and interview facility failed to maintain an accurate Medication Observation Record (MOR) for 1 out of 2 (#2) sampled residents.

Findings included:

1. Record review of resident #2's MOR showed prescribed eye drop medications were prescribed to be given at 9 am and 5 pm. Review of the MOR showed that the 9 am and the 5 pm sections were both marked for the date . . . . . The 5 pm eye drops had been pre-marked as given hours before the time period.

2. On . . . . . at 12:30 pm employee #B could not not explain why the MOR was pre-marked.

Interview with the administrator on . . . . . at 1 :00 pm confirmed the findings that employee B had signed the medication time slot before correct time slot during the day.

Class III

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

Based on record review and interview the facility failed to ensure 3 out of 3 (A, B, and C) sampled employees had annual . . . . . examinations.

Findings included:

1. Record review revealed that employees A (administrator), staff B (caretaker) and staff C (caretaker) did not have a up to date physical examination in their files. Employee A's last statement was dated _____ (expired _____ Employee B's last statement was dated _____ (expired

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Employee C's last statement dated (expired

2. Interview with the administrator on at 2:00 pm she confirmed the findings that all three employees did not have an updated physical examination in their files at the time of the survey.

Class III

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

Based on observation and interview facility failed to provide a nutritious meal during breakfast. The facility failed to follow the menu and ensure that substitutions were offered to residents.

Findings included:

1. Observation during breakfast on at 10:15 am, resident #1 was seated by caretaker B at the breakfast table. The caretaker prepared a large number of bread (9 pieces) which had been toasted with butter. The caretaker had also made coffee for the resident, caretaker brought to the resident the cup of coffee and the 9 pieces of buttered toast. The resident was observed drinking his coffee and only eat 1 piece of toast. Resident #2 was given two cups of coffee.

Observations revealed the facility's refrigerator freezer was empty (no frozen meats or vegetables were in the freezer) in the lower section of the refrigerator also did not have any fruits, milk products, juices, or vegetables, or any food products.

2. Menu was reviewed. Breakfast menu for : Assorted juices (was not offered during breakfast), Dry cereal or hot cereal (was not offered during breakfast), Bread (9 slices with butter given), Milk (was not offered during breakfast).

3. Interviewed administrator on at 3:30 pm, she confirmed the findings that the facility did not have any frozen meats or other foods in the refrigerator for the residents. She stated that they staff never used the kitchen area for cooking or storing frozen foods or other food products in that facility because she kept all foods across the street in her other ALF. She confirmed neither residents was given or offered a nutritious meal during breakfast time.

Class III

0127-Fiscal - Liability Insurance 58A-5.021(4) FAC

Based on record review and interview facility failed have an up to date liability insurance updated for the coverage of the facility

Findings included:

1. Record review revealed the facility's current liability insurance coverage had expired on

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The facility did not have the new insurance in place at the time of the survey.

2. Interviewed administrator on at 3:30 pm confirmed the findings that facility did not have their new liability insurance on hand at the time of the survey.

Class III

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

Based on record review and interview facility failed to ensure 3 out of 3 (A, B, and C) sampled employees had a minimum of 3 hours of continuing education in Limited Mental Health (LMH) training every two years.

Findings included:

1. Record review revealed that employees A, B, and C did not have 3 hours of continuing education of LMH training every two years in their files. Employee A (administrator)'s last LMH training was dated Employee B (caretaker)'s last LMH training wad dated Employee C (caretaker)'s last LMH training was dated

2. Interviewed administrator on at 2:00 pm she confirmed the findings that all employees did not have an updated LMH 3 hour in service in their files at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
330 Assisted Living Corp
330 Sw 22 Road
Miami, FL 33129

RE: CCR #2014006285

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 31, 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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