STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Celena's Senior Care	10601 Sw 142 Avenue Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on . Celena's Senior Care had the following deficiencies at time of the survey.

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

Based on observation, record review, and interview, the Assisted Living Facility's caregiver failed to follow the appropriate procedures during assistance with self-administration of medication with one (#3) out of five sample residents.

Findings included:

Observed on at 8:04 AM that caregiver_A walked to a a label on the door "Employees only" and she signed medication observation record (MOR).

In an interview with caregiver_A on at 8:04 a.m. she revealed that she signed MOR of residents that already received medications.

Observed on at 8:06 AM that caregiver_A took out four pills of medications' cards. Caregiver_A had four pills on her hands; they were one green pill, one circular dark pink, one circular white tablet and one small circular orange tablet. She walked out of the employees ' the kitchen. Caregiver_A walked out of the kitchen and went to the ' area. Caregiver_A left medications on a spoon over the microwave in the kitchen unlocked and unattended.

In an interview with caregiver_A on at 8:26 AM she revealed that the medicines were for resident #3.

Observed on at 8:31 a.m. that caregiver_A stayed beside resident #3 on dining , gave her a cup with water and placed pills on resident #3's hands. Caregiver_A stated "estas son sus pastillas" (these are your pills).

Record review of resident #3's MOR revealed that medications: -HCTZ 37.5-25 mg. 10 mg tab, 5 mg tablet, 0.1 mg tablet and 100 mg tablet were initialed as given.

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Interview with caregiver_A on at 9:17 AM revealed that she forgot to give 5 mg to resident #3.

Observed on at 9:23 AM that on the floor of employees only was a white circular pill that matched on appearance with

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to have accurate medication observation records for four (#1, #2, #3 and #5) out of five sampled residents.

Findings included:

Observed on at 8:04 AM that caregiver_A walked to a a label on the door "Employees only" and she signed medication observation record (MOR).

In an interview with caregiver_A on at 8:04 a.m. she revealed that she signed MOR of residents that already received medications.

Medication reconciliation for residents #1, #2, #3, #5 revealed that all 8:00 AM doses were not in medications' cards.

Observed on at 8:07 AM that caregiver_A had four pills on her hands; they were one green pill, one circular dark pink, one circular white tablet and one small circular orange tablet. She walked out of the employees' the kitchen.

In an interview with caregiver_A on at 8:26 AM she revealed that the medicines were for resident #3.

Observed on at 8:31 a.m. that caregiver_A assisted with self-medication administration to resident #3 and gave her 4 pills.

Interview with caregiver_A on at 9:17 AM revealed that she forgot to give 5 mg to resident #3. She signed the MOR when surveyor arrived to facility and probably because she was nervous she forgot to sign the missing medicines.

Observed on at 9:23 AM that on the floor of employees only was a white circular pill that matched on appearance with

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Celena's Senior Care	10601 Sw 142 Avenue Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of resident #1' s medication observation record (MOR) revealed that DR 20 mg (to treat frequent) capsule scheduled at 8:00 AM- staff did not initial as given on at 8:00 AM.

Record review of resident #2' MOR revealed that 50 mg (pain reliever) tablet scheduled at 8:00 AM and 8 PM- staff did not initial as given on at 8:00 AM.

Record review of resident #3' MOR revealed that revealed that -HCTZ 37.5-25 mg (for fluid retention and high), 10 mg tab (for treat high), 5 mg tablet (for of ' s type), 0.1 mg tablet (for high) and 100 mg tablet (for high) were initialed as given on at 8:00 AM.

Record review of resident #5' MOR revealed that MN ER 60 mg (prevent) tablet scheduled at 8:00 AM- staff did not initial it as given on at 8:00 AM.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to follow its written staffing pattern.

Findings included:

On at 8:00 AM caregiver_A opened facility's main door and she was the only staff in the facility.

Record review of staffing pattern for 2014 revealed that there were scheduled four employees: caregiver_B, caregiver_C /owner, caregiver_D and administrator. Caregiver_B was on schedule to work / and from 7:00 AM thru 7:00 PM.
Observed on at 8:35 AM that caregiver_B arrived to facility.

In an interview with caregiver_A on at 8:22 AM she revealed that she worked yesterday (/) and today ( ) because caregiver_B was off.

In an interview with caregiver_B on at 8:36 AM she revealed that she did not worked yesterday (/).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Celena's Senior Care
10601 Sw 142 Avenue
Miami, FL 33186

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 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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