| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968412 | 09/24/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Yeni ALF Home Care Co | 1961 SW 44th Avenue Fort Lauderdale, FL 33317 | |
| 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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced Relicensure survey was conducted on [redacted] at Yeni ALF Home Care Co. The facility had deficiencies found at the time of the visit.

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**
Based on observation, record review and interview, it was determined the facility failed to have the use of physical [redacted] which includes half bed rails reviewed by the resident's physician annually, for 1 out of 2 sampled residents' records reviewed (Resident # 5) .

The findings include:

During a tour of the facility on [redacted] at approximately 9:30 AM, observations of Resident # 5 ' s [redacted] her bed against the wall with one half bed rail positioned down. Immediately after observations, an interview was conducted with Staff B at 10:10 AM. Staff B stated the bed rails are used when Resident # 5 is in the bed. She further stated that Resident #5 is unable to avoid the bed rails without assistance and unable to remove the device. On [redacted] a record review of Resident # 5's file revealed an admission date of [redacted] and no physician order for the use of half bed rails.

On [redacted] at approximately 1:30 PM, the Administrator was notified of the missing physician order. The Administrator revealed Resident # 5 does not have a physician order for half bed rails.

During an interview conducted on [redacted] with the Administrator at 2:15 PM, she acknowledged the finding. She stated no further documentation was available for review.

Class III

**0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC**
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident #3) observed during medication pass.

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The findings include:

Observations on at 2 PM found Resident # 3 receiving the following medication: 200 mg. At 2 PM on , observations during assistance with self- administration of medication revealed Staff B (an unlicensed staff), assisted Resident # 3 with self - administration of medications. Staff B sanitized her hands, put gloves on her hands, obtained the Medication Observation Records (MOR), and took Resident # 3's medication out of the locked medication cabinet. Staff B took a cup and the medication over to Resident # 3 at the dining table. Staff B walked away from the medication cabinet and left it unlocked with no supervision. Staff B gave Resident # 3 her medication without stating the name of the medication. Staff B observed Resident # 3 swallow her medication and signed the MOR immediately after.

During an interview on at 2:15 PM, Staff B was informed of the process for assisting residents with self- administration of medications. Staff B acknowledged her error in not informing Resident # 3 of the name of the medication given to her and not securing the medication cabinet.

Class III

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**
Based on record review and interview, it was determined the facility failed to ensure that all staff members had documentation annually from a physician indicating that the person is free from . 1 out of 3 staff members (Staff B).

The findings include:

Record review of Staff B's record revealed her date of hire was and her last statement was completed in . Further review revealed Staff B's file lacked documentation dated for 2014 from a physician indicating the employee is free from .

In an interview with Administrator on at approximately 11 AM, she acknowledged the finding.

Class III

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**
Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings, for 1 out of 3 sampled staff records reviewed (Staff C).

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The findings include:

Record review of Staff C's personnel record revealed her date of hire was . Further review revealed Staff C's file lacked documentation indicating the employee had completed the following in-service trainings: incident reporting, resident rights, recognizing/ reporting and neglect , elopement, and emergency preparedness .

In an interview with the Administrator on at approximately 11:30 AM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

**0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC**
Based on record review and interview, the facility failed to ensure that 2 out of 3 staff members (Staff A and Staff C) received the initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

The findings Include:

A record review of the Staff A's personnel file on revealed a hire date of as a Resident Care Giver and Staff C's hire date as as a Certified Nurse Assistant . Further review of Staff A and Staff C personnel files found no documentation of 4 hours of training on Assistance with Self- Administered Medication and Medication Management.

During an interview conducted on at 11:35 AM, the Administrator acknowledged the finding and stated no further information was available for review.

Class III

**0090-Training - 58A-5.0191(11) FAC**
Based on record review and interviews, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 1 out of 3 sampled staff records reviewed (Staff C) .

The findings include:

A record review conducted on revealed that Staff C, hire date had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

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In an interview conducted on at 2:15 PM, the Administrator acknowledged the finding. She stated no further documentation was available for review.

Class III

**0161-Records - Staff 58A-5.024(2) FAC**
Based on record review and interview, the assisted living facility failed ensure 1 out of 3 (Staff A) staff members personnel record reviewed contained documentation of compliance with background screening.

The findings include:

On , a record review of Staff A revealed a hire date of . Further review of Staff A's personnel file lacked documentation of a Level II background screening result.

On at 11:44 AM, the state surveyor called the Agency for Health Care Administration (AHCA) Background screening unit for verification of Staff A's Level II background screening results. The AHCA Background Screening Unit verified that a screening was completed on . Further online verification through AHCA Background Screening website revealed Staff A's screening results indicate "eligible as of .

In an interview with the Administrator on at approximately 1:45 PM, the Administrator confirmed that there were no background screening results available in Staff A's file. She stated she does not know how to obtain the background screening results. At 2:15 PM, the Administrator acknowledged the error of not having Staff A's background screening results in her file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Yeni ALF Home Care Co
1961 SW 44th Avenue
Fort Lauderdale, FL 33317

**RE: Relicensure Survey**

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 24, 2014 by a representative 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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