STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965870	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
1 Zource Living Care	1401 Ne 176 Street Miami, FL 33162	
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An complaint inspection (#2014009007) was conducted on . . . . . 1 Zource Living Care had the following deficiencies at time of survey.

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

Based on observation and interview, the facility failed to ensure that staff described the medications to one out of three residents who needed assistance with the self-administration of medication (Resident #1) prior to handing him the medications.

Findings include:

Observation on . at 9:50 am revealed resident #1 was seated at one end of the dining . . . . and staff A was standing at the opposite end of the table. Staff A gathered resident #1's medications and placed them in a cup. Staff A walked up to resident #1 and asked him to hold out his hand. She poured the medications into his hand. Resident #1 then took the medications with a glass of water. Staff A did not inform resident #1 which medications she had given him at any point.

Interview with resident #1 on . . . . at 10:52 am revealed he is .....

Interview with the administrator on . at 11:30 am revealed he confirmed that staff A had outdated medication training and that she did not take the proper steps for assistance with the self administration of medication.

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 1 of 2 sampled staff (staff A) had up-to-date Assistance with the Self Administration of Medication training.

Findings include:

Record review of staff A's employee file revealed her last Assistance with the Self Administration of Medication training was on . . .

Record review of the Medication Observation Records (MORs) for resident #1 and resident #2 revealed Staff A's initials.

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Interview with the administrator on at 11:30 am revealed he confirmed that staff A's initials were on the MORs and that staff A's medication training was outdated.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide and environment free of accident hazards.

Findings include:

Observation on at 9:13 am revealed there was debris on the back patio adjacent to the area where residents congregate. The items included cleaning supplies, a hose, tools, and wood scraps. There was a storage area that was easily accessible which had debris piled into it. On the walkway leading from the facility to the back patio, there was a metal bar protruding approximately half a foot into the walkway.

Interview with staff A on during the initial tour revealed they were storing materials from the outbuilding while they renovated it.

Interview with resident #1 on at 10:52 am revealed he had the toes on his left foot amputated in the past and it made balancing difficult. He took off his left and showed his foot which had no toes on it. His left had no laces. He said he is ! and that he trips and frequently, but denied hurting himself. The resident was observed walking on the side of the house in an attempt to go to a chair on the facility's back patio. He used both hands to hug the wall and walked slowly. The surveyor warned him of the metal bar on the ground, which he said he knew was there.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, the facility failed to list 1 of 3 sampled residents (Resident #3) in the admission/discharge log.

Findings include:

Record review of the facility's admission/discharge log revealed resident #3 was not listed in it.

Interview with the administrator on at 10:12 am revealed he confirmed that resident #3 lived at the facility for 3 days and that resident #3 was not listed in the admission/discharge log.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to exercise a contract with 1 of 3 sampled residents (resident #3) and failed to provide a refund to that same residents.

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Findings include:

Record review of the documents provided regarding resident #3 revealed there was no contract.

Interview with the administrator on . . . . at 10:12 am revealed he acknowledged that resident #3 lived in the facility for 3 days. Resident #3 paid $750.00 up front. He has not given resident #3 a refund because he told the resident that the payment was tantamount to one month rent. He explained to the resident that there was another person that wanted to be admitted. He said the Veteran Administration (VA) will not let him come back to the ALF because he will be sent to a state hospital. He said the resident did not have a contract because resident #3 told him he was going to see whether or not he liked it at the facility. Resident #3 did not sign a contract. He said he took resident #3 his possessions on . He acknowledged that he should have given resident #3 a refund.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
1 Zource Living Care
1401 Ne 176 Street
Miami, FL 33162

RE: CCR #2014009007

Dear Administrator:

This letter reports the findings of a state licensure 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 2014009007
XG90

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