STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966019	10/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria's Home	16131 Sw 104 Court Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Maria's Home had the following deficiencies at the time of the survey:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a complete health assessment with for diet orders and type of assistance needed with medications for 2 of 2 (#1 and #2) facility residents.

Findings as followed:

Record review documented the facility failed to have a complete health assessment for resident #1 and resident #2. Resident #1's most recent health assessment dated did not have type of assistance needed with medications (page missing from health assessment) and diet order was not indicated. Resident #2's most recent health assessment dated did not have type of assistance needed with medications and diet order stated other but it did not specify.

On at 11:30 a.m. the facility's administrator acknowledged the assessments for residents #1 and #2 did not specify their diet orders and the type of assistance the residents needed with medications.

Class III

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

Based on observation and interview the facility failed to ensure the procedure to assist residents with self administration of medications in 2 of 2 (#1 and #2) facility residents was followed.

Findings as followed:

On at 8:40 a.m. observed the medications for residents #1 and #2 were on the dining table placed in two cups (one for each resident). The medications were on the table unattended till 8:50 a.m. when the residents came to the dining eat breakfast.

On at 11:30 a.m. the facility's administrator acknowledged the facility failed to follow the procedure when assisting residents #1 and #2 with self administration of medications. The administrator confirmed that the medications were placed in cups while the residents were in their and it took 10 minutes before the medications were taken by the residents.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966019	**10/30/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria's Home	**16131 Sw 104 Court Miami, FL 33157**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation and interview the facility failed have the medications secured at all time for 2 of 2 (#1 and #2) facility residents.

Findings as followed:

On at 8:40 a.m. observed the medications for residents #1 and #2 were on the dining table placed in two cups (one for each resident). The medications were on the table unattended till 8:50 a.m. when the residents came to the dining eat breakfast.

On at 11:30 a.m. the facility's administrator acknowledged the medications for residents #1 and #2 were on dining table unattended.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maria's Home
16131 Sw 104 Court
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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