STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964394	**10/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Salmo 23 Elder Care	**277 East 4 Street Hialeah, FL 33010**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Salmo 23 Elder Care had the following deficiencies at time of the survey:

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation and interview the facility failed to ensure that centrally stored medications were labeled.

Findings included:

Observation on at (@) 9:00 am revealed that the facility had medications unlabeled in the medication storage. Further observation revealed the following medications: Lubricatin eye drops, 25 milligrams (mg), Pain Reliever 50 mg, and Megestrol oral suspension 40 mg/ml were not labeled.

Interview on @ 1:00 pm with staff A, he stated that those medications were used for residents and he did not know that they had to be labeled.

Class III

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

Based on record review and interview the facility failed to ensure for 1 out of 6 (administrator) had evidence of a negative examination documented on an annual basis.

Findings included:

Record review on at (@) 10:00 am revealed that the administrator did not have any documentation in her personal file of a negative examination documented on an annual basis.

Interview on @ 1:00 pm the administrator stated that she needed to have a test done.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Salmo 23 Elder Care
277 East 4 Street
Hialeah, FL 33010

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 Facilty Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com