| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964226 | 10/20/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Feba Living Care | 6120 Nw 2nd Street Miami, FL 33126 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A standard biennial survey was conducted on . Feba Living Care had deficiencies at time of the survey.

**0083-Training - First Aid and 58A-5.0191(4) FAC**

Based on record review and interview the facility's personnel records did not include properly documented evidence of First Aid training for 1 out of 3 (B) sampled staff.

The findings include:

On , 2014 at 8:45 am staff B was greeted at the door and was the sole staf on duty.

Facility's record review on revealed Sampled Staff B. (hire date ) included documentation of training however it did not include evidence of First Aid training.

On at 2:30 PM Staff A. stated " It is possible we did not make a copy when she brought in the First Aid certificate I will have her bring it in and have the copy in the record. "

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 1 out of 3 (C) sampled employees received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices.

The findings include:

Personnel record review on revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff C. (hire date / ) had expired on .

On at 2:30 PM Staff A stated, " I will call to schedule the training as soon as possible."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964226** | **10/20/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Feba Living Care** | **6120 Nw 2nd Street Miami, FL 33126** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**0161-Records - Staff 58A-5.024(2) FAC**

Based on record review and interview the assisted living facility failed to ensure that 1 out of 3 (B) sampled employees have a completed application with references.

Findings include:

Record review on . . . . found that Staff B. (hire date ) did not have a completed application with references documented.

On . . . . at 2:35 PM Staff A stated, " It will be corrected immediately."

Class III

**L243-LMH - Training 58A-5.0191(8) FAC**

Based on record review and interview the facility failed to ensure that 1 out of 3 (c.) sampled employees' have received the minimum 6 hours limited mental health training or the 3 hours of Continuing Training in Limited Mental Health.

Findings include:

On . reviewed Staff C. (hire date / ) employee file revealed documentation of the continuing Limited Mental Health Training had expired on .

On . . . . at 2:35 PM Staff A stated, " It will schedule the training as soon as possible."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Feba Living Care
6120 Nw 2nd Street
Miami, FL 33126

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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