STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967459	09/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lilita Home II Inc.	2451 SW 103 Way Miramar, FL 33025	
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Lilita Home II Inc. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 1 out of 2 residents (Resident # 4) .

The findings include:

A review of Resident # 4's file revealed an admission date of [redacted] Resident # 4's last medical exam is dated for [redacted] with the following diagnosis: [redacted] Behavioral Changes, [redacted] and [redacted] Record review of Resident # 4's file revealed she is currently receiving Hospice Services from Vitas since [redacted] with a hospice diagnosis of [redacted] However, Resident #4's AHCA Form 1823, does not indicate the requirement of hospice services or the hospice diagnosis.

Further review of Resident # 4's AHCA form 1823 indicates "needs medication administration." In an interview with the Administrator on [redacted] at 10:35 AM, she stated during assistance with medication a staff member has to put Resident # 4's medication in her mouth because Resident # 4 is unable to help herself.

A record review of the facility's personnel files revealed 3 out of 3 staff members are employed as unlicensed staff members who can only conduct assistance with self- administration of medications. In an interview with the Administrator on [redacted] at 1 PM, she was informed that Resident # 4's AHCA form 1823 states "need medication administration." The Administrator stated she did not know that only licensed staff could administer medications. She was informed by the surveyor that unlicensed staff

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were not able to perform medication administration; they can only conduct assistance with self-administration of medications.

In an interview conducted on [redacted] at approximately 2:35 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

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 # 4) .

The findings include:

During a tour of the facility on [redacted] at approximately 9:40 AM, Resident # 4 was found laying in bed. Observations of Resident # 4 ' s [redacted] her bed against the wall with two half bed rail positioned up. Immediately after observations, an interview was conducted with the Administrator at 10:35 AM. The Administrator stated the bed rails are used when Resident # 4 is in the bed. She further stated that Resident #4 is unable to avoid the bed rails without assistance and unable to remove the device. On , a record review of Resident # 4's file revealed an admission date of [redacted] and no physician order for the use of half bed rails.

On [redacted] at approximately 12:45 PM, the Administrator was notified of the missing physician order. She stated she will look into other files to locate the document. At approximately 1 PM on , the Administrator revealed Resident # 4 does not have a physician order for half bed rails.

During an interview conducted on [redacted] with the Administrator at 1 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the assisted living facility failed to appoint an assistant administrator/manager that had completed the CORE training requirements.

The findings include:

A website review of floridahealthfinders.gov revealed the administrator is currently the administrator for two assisted living facilities.

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Record review of staff personnel records revealed the only staff employed by the facility which is CORE trained is the administrator. Record review found no other employees (all employees were reviewed) had completed the CORE training requirement.

In an interview with the administrator on [redacted] at approximately 10:55 AM, she stated that she is currently the administrator of two assisted living facilities. When asked who the manager was, she stated she is also the manager of both assisted living facilities. She stated she does not have a separate manager. She stated neither staff A or staff B are CORE trained.

In an interview with the administrator on [redacted] at approximately 2 PM, she acknowledged the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review of the staff personnel records, it was determined the facility failed to ensure that 1 out of 3 staff members (Staff A and Staff B), submitted an annual statement from a physician, that the person is free from [redacted]

The findings include:

Record review of the facility personnel records revealed Staff A's hire date was [redacted] and Staff B's hire date was [redacted] Further review revealed Staff A and Staff B's file lacked documentation from a physician indicating the employee is free from [redacted]

In an interview with Administrator on [redacted] at approximately 2 PM, she acknowledged the findings.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview, the assisted living facility failed to maintain an accurate work schedule which reflects its 24-hour staffing pattern for a given time period.

The findings include:

During an interview with the Administrator on [redacted] at approximately 10:44 AM, she stated that Staff A works 24 hour shifts 6 days a week and Staff A usually takes a day off on Wednesdays or Thursdays. She stated when Staff A is off from work, Staff B covers Staff A's work shift

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Record review of the staff schedule revealed 3 shifts: Day shifts 7 AM through 7 PM, 8am-5pm, and the Night shift 7 PM through 7 AM. The Staff schedule revealed Staff C works the night shift and Staff B works the day shift from 8am through 5pm.

Upon request of the facility's staff schedule, the Administrator provided the monthly staff schedule for . This schedule did not list Staff A on the staff schedule. Further record review found an employee on the staff schedule that no longer worked at the facility.

In an interview with the Administrator on at 10:45 AM, she stated she has not updated the staff schedule to reflect Staff A and B's work hours. She stated she will remove the name of the employee on her schedule that is not currently employed at the facility. She stated the employee has not worked at the facility since a month ago.

During the interview, the Administrator acknowledged that the posted staffing schedule was inaccurate and did not reflect the current work schedules.

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 within 30 days of hire, for 2 out of 3 sampled staff records reviewed (Staff A and Staff B).

The findings include:

a) Record review of Staff A's personnel record revealed her date of hire was Further record review revealed Staff A's file lacked documentation indicating the employee had completed the following in-service trainings: Resident Rights, Elopement, Recognizing / Reporting and Neglect . Nutritional and Safe Food Handling and Emergency Preparedness and Evacuation.

b) Record review of Staff B's personnel record revealed a date of hire of . Further record review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service trainings: Incident Reporting, Resident Rights,and Emergency Preparedness and Evacuation.

In an interview with the Administrator on at approximately 2 PM, she acknowledged the findings. She stated no further documentation was available for review.

Class III

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0090-Training - 58A-5.0191(11) FAC

Based on record review and interviews, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and B) had documentation of 1 hour of training on the facility's policy and procedures regarding

The findings include:

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

In an interview conducted on at 2 PM, the Administrator acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lilita Home II Inc.
2451 SW 103 Way
Miramar, FL 33025

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 25, 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 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
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida