STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964978	12/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Humble Care Alf	14651 Sw 161 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Humble Care Assisted Living Facility had the following deficiencies at time of the survey.

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

Based on observations and interview the assisted living facility failed to keep refrigerated medications locked up at all times.

Findings included:

During facility tour on at 9:20 a.m., found that resident #5's labeled medication, Prop 500 MCG spray, in the refrigerator on the shelf. The facility has an open kitchen area with easy access to the refrigerator.

During an interview on at 11:00 AM, the administrator and staff B stated that they left the medication outside in the refrigerator without locking it.

Class III

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

Based on record review and observation, the facility failed to ensure 1 out of 2 staff (administrator) had documentation of a negative examination on an annual basis.

Findings included:

Record review on ., showed administrator record did not have documentation of freedom from on an annual basis. The last examination was dated .

During an interview on at 12:49 PM with the administrator acknowledged that she did not have documentation on record for review.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide a minimum of 2 hours of continuing education training on providing assistance with self-administered medications for 1 out of 2 sampled staff (Staff B) on an annual basis.

Findings included:

Record review on showed Staff B (caregiver) had no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications. Staff B (caregiver) last training was dated .

During an interview on at 12:37 PM., administrator stated staff B received all the training but no documentation was available for review.

Class III

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

Based on observation, record review and interview the facility failed to have current inspections records available for review.

Findings included:

During facility tour on at 9:00 AM observed that annual fire safety inspection expiration dated and sanitation inspection dated .

During the facility record review showed that there was no available current documentation of the facility satisfactory sanitation inspection and fire inspection.

During an interview on at 1:00 PM with the administrator stated that " I do not have here the current documentation " .

Class III

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

Based on record review and interview the facility failed to have an up to date Level II background screening printed in her file for 1 out of 2 staff record review (Staff B).

Findings included:

Record review on for that Staff B (caregiver hired), only had a receipt for payment for a level II background screening dated .

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Background screaming website was reviewed on and showed that staff B is eligible since

During an interview on at 12:50 PM with the administrator stated that staff B has the background screaming done but document is not available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Humble Care Alf
14651 Sw 161 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 9, 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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