STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964124	01/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Precious Times Aclf	4310 Sw 89 Avenue Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Precious Times ACLF had the following deficiencies at the time of the survey:

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review, and interview the facility failed to maintain the medication observation record (MOR) for 2 out of 6 (#4 and #6) sampled residents.

Findings included:

On at 8:40 AM observed bingo cards for Residents #4 and #6 with medications (pills) for the date the morning at 8:00 AM still in the cards.

Record review showed on at 8:00 AM medications of Residents #4 and #6 were marked in the MOR as given.

On at 8:45 AM Staff C stated that they have extra pills that was the reason why the bingo card did not mat he book.

Class III

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

Based on observation, record review, and interview the facility failed to ensure 1 out of 3 (Staff C) sampled staff received 2 hours of continuing education training for assistance with self-administration of medication.

Findings included:

On at 10:45 AM record review revealed that Staff C did not have 2 hours of c] education for ass: /ith self-administration of medication training. The last training was dated .

Interview on at 2:30 PM with the Administrator revealed that Staff C assists residents with self-administ ... medications. She acknowledged that she had Staff C had not taken the updated training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Precious Times Aclf
4310 Sw 89 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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
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