STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967531	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elena Assisted Living Facility	1731 Sw 11 Street Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on 1/ . Elena Assisted Living Facility had the following deficiency at time of the survey:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview the facility failed to ensure that 1 out of 4 (Staff B) sampled staff prompted the resident when assisting of self -administration of medications for 1 out of 6 (#5) residents.

The findings included:

On at 2:10 PM observed medication pass for Resident #5 by Staff B., Observed Staff B. remove the med's from Resident #5 labeled bin then verify it was the 2:00 PM medication but Staff B. did not prompt the resident. Staff B. removed medication from the bingo card on to the residents hand and Staff B. then observed resident #5 take his pill with water.

On 1/ at 2:20 PM Staff B. acknowledged she did not prompt the resident when assisting with self-administration for medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Elena Assisted Living Facility
1731 Sw 11 Street
Miami, FL 33135

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
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