STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953411	01/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leyi's Adult Care Ii	1017 Nw 29th Avenue Miami, FL 33125	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An Medicaid Program Integrity and Health Quality Assurance survey was conducted on , 2015. Leyi's Adult Care Ii had the following deficiencies at time of the survey.

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

Based on observation, record review and interview the facility failed to record properly the Medication Record Review (MOR) for 2 out 7 (#2 & 4) sampled residents.

Findings included:

Observation on at 1:33 AM revealed that resident #2's medication (20 mg/ 8:00 AM) for was still in the bingo card

Record review to the MOR on revealed that Resident # 2's medication was singed as given in the MOR.

Further record review on at 1:43 pm revealed that the MOR was missing specific times for residents (# 2 &4).

Interview on at 1:40 pm revealed that the Administrator stated, " Resident #2 refused medication. " Also, the Administrator stated, " I did not know that the MOR needed to have specified time to provide residents ' mediations. "

Class III

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

Based on observation and interview the facility failed to have discard discontinuous or abandon medication.

Findings included:

Observation on at 2:20 pm revealed that there were two bottles of 10 mg /15 ml Solution inside of the supplied storage (backyard).

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Interview on at 2:22 pm with administrator and staff A revealed that they did not know those medications were inside the supplies storage (backyard).

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a clean and safe environment to residents.

Findings included:

Observation during tour on at 2:20 pm revealed that the backyard (at side) had a bed rail, a shopping cart and a cover bed. Moreover, the backyard was full of dried leaves and a frame of a bed.

Further observation on revealed that there were a little house full of supplies to storage (backyard/ no); however, there were 12 boxes of liquid can of milks and two portable tanks of .

Interview with the administrator on at 2:30 pm revealed that the dried leaves were difficult to keep clean; she had no space to put the can of milk (12 box) and beds. Moreover, she stated, " I will clean the backyard, and I will not storage the milk in the storage supplies place (backyard/ no).

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to have a complete record for 2 out 8(# 2 & 3) sampled residents.

Record review on at 2:37 pm revealed that some residents were missing signatures in the new agreements, which had changed monthly payments.

Further record review on revealed that residents ' (# 2 & 3) health assessment (Form 1823) indicated that they had . Moreover, there were no proxies or power of attorney in residents ' (# 2 & 3) files.

Interview on at 2:40 pm revealed that the administrator stated, " We are waiting on family member. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Leyi's Adult Care Ii
1017 Nw 29th Avenue
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance monitoring 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 Kristal Branton, Health Facility Evlautor Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton /as

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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