STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966773	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nena's Alf Care Corp	15932 Sw 101 Terrace Miami, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit on Nena's ALF Care Corp deficiencies at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on record review and interview the assisted living facility failed to ensure that a licensed staff person was available to administer medication to 1 of 1 sampled residents (Resident #1) requiring medication administration.

Findings Included:

On Resident # 1 ' s record was reviewed. The most current health assessment (AHCA form 1823) revealed that Resident # 1 required medication administration.

On at 01:30 p.m., an interview was conducted with a hospice employee who stated that they thought that Resident # 1's daughter was administering the medication for Resident #1 because Resident #1 required medication administration.

On , a review of the Medication Observation Record (MOR) revealed that Staff A, who is an unlicensed medication technician, signed the MOR indicating she had administered medication for Resident # 1.

On at 03:30 pm an interview was conducted with the Administrator. She stated that if Resident #1 ' s family member did not agree to administer the medication for Resident # 1, the facility will issue a 45 day notice.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nena's Alf Care Corp
15932 Sw 101 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a 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 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