STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	02/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alf i Sevilla Home Care Corp	8331 Sw 27 St Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - : S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on , 2015. ALF i Sevilla Home Care Corp has the following deficiencies found at time of survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations and interviews the facility failed to have and provide scheduled activities to the residents.

Findings included:

Observation on made on during survey process from 8 AM to 4 PM found the facility's activities calendar posted on the wall for the month of 2015.

The residents were observed watching television. After lunch at 12 PM the resident were observed on the porch sitting talking to each other. Two resident were observed sitting in living nothing. Two other were sitting in common area watching television until survey process ended. There were no activities observed through out the survey process.

Interview on at 3:40 PM with the administrator acknowledge that the current calendar was not posted and no activities were done with the residents through out the survey process.

Class III

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

Based on observation, record review and interview the facility failed to have daily medication record maintained for each resident who receives assistance with self-administration of medications or medication administration 6 out of 6 (#1, 2, 3, 4, 5, and 6) sampled residents.

Findings included:

Observations made on ..... at 12:00 PM observed Staff B washes hands and unlock the medications in cabinet. Then reviews the medications and then prompts the resident. Resident is told what medication she is taken and what it is for. Resident given medication in a cup and observed swallowing it. Then she initials the medication book.

Record review of medication record contained a no times listed under the hour location of the medication sheet for resident's #1, 2, 3, 4, 5, and 6 in the month of ' initialed by care staff.

Interview on at 3:30 PM with administrator after review acknowledge the medication sheets for each resident did not have times interval documented on them.

Class III

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

Based on observations and interview the facility failed to keep centrally stored medications locked up at all times.

Findings included:

A tour conducted on ..... at 9:00 AM found medication unlocked in the refrigerator. Inside of the refrigerator contained a clear case unlocked with ..... found in it.

Interview with the administrator on at 3:30 PM confirmed finding after it was showed to her.

Class III

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

Based on record review and interview the facility failed to ensure that 4 out of 4 (#A, B, C, and D) sampled staff failed to submit a written statement from a health care provider documenting communicable ..... and have a current annual ... basis.

Findings included:

At 9:00 AM staff B and D was found in facility with the residents. They were observed assisting resident with ADL's and preparing and serving residents meals.

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The administrator arrived on at 11:15 AM.

Record review found that staff B, C, and D did not have a written statement from health care provider documenting communicable and a current annual statements at the facility.

Staff A (hired annual statement is dated and expired Staff B (hired staff C (hired and staff D (hired did not have proof from health care provider documenting communicable and a current annual statements at the facility.

Record review of registered nurse's personal file revealed that physical examination statement that indicated negative test was dated and expired on

In an interview with administrator via telephone on at 10:20 AM revealed that she did not know the annual doctor documentation of free of expired, and nurse would bring it as soon as possible.

Interview with administrator on at 3:45 PM stated she would get the physicals done.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on tour, record review and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for 4 out of 4 (#A, B, C, and D) sampled staff.

Findings included:

Observations during tour on at 9:00 AM of staffing schedule posted on wall was for the month of 2015. Staff B and D was found at facility with the residents and was observed assisting residents.

Record review of facility staffing schedule contained 4 staff members listed.

Interview on at 3:30 PM with administrator acknowledge finding after review of the staff schedule.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to ensure and arrange for the elopement in-service training to 2 out of 4 (#A and B) sampled staff.

Findings included:

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Observations made on ... at 8 AM found staff D & E in facility alone with resident. There were no other staff present .Staff E was observed cleaning, cooking and preparing residents meals, assisting residents with feeding. The administrator arrived at the facility at 11:00 AM.

Record record review on ... of employee files contained Staff A (hired ... and Staff B (hired ... has a half hour elopement training and requires a one hour training for elopement.

Interview with the administrator on ... at 3:30 PM acknowledge Staff A and B have only a 1/2 hour training's.

Class III

0082-Training - ... 58A-5.0191(3) FAC

Based on record review and interview facility failed to ensure 2 out of 4 (#A and B) sampled staff have ... training.

Findings included:

Observations made on ... at 8 AM found staff D & E in facility alone with resident. There were no other staff present. Staff E was observed cleaning, cooking and preparing residents meals, assisting residents with feeding. The administrator arrived at the facility at 11:00 AM.

Record record review on ... of employee files contained Staff A (hired ... and Staff B (hired ... has one hour ... training and is required to complete a two hour training ...

Interview with the administrator on ... at 3:30 PM acknowledge Staff A and B have only a 1 hour training's.

Class III

0083-Training - First Aid and ... 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure 2 out of 5(#A and D) sampled staff have the First Aid and ... training's.

Findings included:

Review of staff schedule shows Staff A works 7 AM to 7 PM Sunday to Friday and Staff D works from 7 AM to 7 PM on Sunday, Monday, Thursday, and Saturday. Record review of staff file for Staff A showed her first Aid and ... training dated ... and expired ... Staff D showed her First Aid and ... training dated ... and expired on ...

Interview with the administrator on ... at 3:30 PM acknowledge Staff D and herself did not have the updated First Aid and ... training's.

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Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to ensure menus are conspicuously posted or easily available to residents.

Findings included.

Facility tour on . at 9:15 AM found that the facility's menu that was posted in the kitchen ion the refrigerator. Tour of the dining area contain no menu posted conspicuously for residents to view.

Lunch observations on . found that residents were served white rice, eggs (sunny side up), black beans, mixed vegetables, jello and a cup of water.

Interview with the administrator on . at 3:20 PM confirmed that the menu was posted in the kitchen and not in the dining area for resident to view.

Class III

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

Based on record review and interview the facility failed to ensure home health provider' document services provided to two out of six (#1 and 6) sampled residents.

Findings included:

Record review for resident's #1 and #6 filed revealed that there was no documentation of home health agency giving ... injections from . to . The order for resident #6 states Novolog . 30 units sq AM and 10 units SC PM.

Interview with Administrator on . at 4:30 PM acknowledge the nurse has given the medication but did not give them the documentation showing was administered during those dates.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to maintain an up-to-date admission and discharge log which identifies the mental health residents for 1 out of 6 (#1)mental health sampled residents.

Findings included:

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Record review on . at 9:00 AM of the admission and discharge log did not have Resident #1 check off and identified as receiving limited mental health services.

Interview on . at 11:23 AM stated Resident #1 one is the only resident receiving mental health services and acknowledge she is not identified on the admission and discharge log.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Alf : Sevilla Home Care Corp
8331 Sw 27 St
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a standard biennial 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 Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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