STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967526	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nami Home Inc	19380 Sw 16th Street Pembroke Pines, FL 33029	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] and [redacted] at Nami Home Inc. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to allow 2 of 4 residents (Resident # 1 and #3) the freedom to self-feed and to be treated with dignity.

The findings include:

During lunch observation on [redacted] at 12:00 PM, it was noted that Staff B who assisted the residents with their meals fed Resident #1 and Resident #3 in the family [redacted]. The residents sat in recliners and Staff B was observed taking the food from the kitchen to the family [redacted]. Staff B approached Resident #1, who was seated in a recliner, holding the food in one hand, stood on the right side of the resident and began feeding her, while Resident #3 watched and waited (for about 10 minutes) for his meal . Staff B immediately after feeding Resident #1, then walked back to the kitchen took Resident #3's meal and fed him the same way, standing next to him.

During an attempted interview with Resident #3 on [redacted] at 12:10 PM, although not clearly understood, he demonstrated that he had the ability to feed himself, he was able to give a firm handshake which indicated that he can hold his spoon. A subsequent attempt to interview Resident #1, immediately after, revealed that she lacked [redacted] abilities. She looked at the interviewer and did not answer any of the questions she was asked.

Review of Resident#1's Health Assessment form (AHCA form 1823) dated [redacted] documented diagnosis as [redacted]. Further review of the resident's Activities of Daily Living (ADLs) as noted on this form revealed the resident required supervision with eating.

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Review of Resident #3's Health Assessment form (AHCA form 1823) dated documented diagnosis as prostic Hyperplasia, and Further review of the resident's Activities of Daily Living (ADLs) as noted on this form revealed the resident required supervision and eating with eating.

During a follow-up interview at 12:15 PM with the Administrator and Staff B (both translated by a family member) they reported that if they allowed the residents to feed themselves, they would play with the food and would not feed themselves. However, Staff B and the Administrator did not allow Resident #1 and#3 the opportunity to fed themselves during the lunch meal.

Class III

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

Based on observation and interview, the facility failed to allow 1 out of 1 resident (Resident #3) observed during assistance with self-administration of medication, the opportunity to self-administer his own medication with assistance. As evidence of Staff B administering Resident #3's medication.

The findings include:

During observation of the medication pass on at 12:05 PM, the Administrator, an unlicensed staff, was observed assisting Resident #3 take his medication. She washed her hands, gathered the Medication Observation Record, took the medication from the medicine cabinet and approached Resident #3 seated in the family She informed the resident about his medication and what it was for. Thereafter, she poured the resident's pill in a small plastic cup and put it in the resident's mouth.

Review of Resident #3's Health Assessment form (AHCA form 1823) dated documented diagnosis as prostic Hyperplasia, and Further review of the resident's Activities of Daily Living (ADLs) as noted on this form revealed the resident required supervision and eating with eating. The form also documents the resident requires assistance with self-administration of medication.

During an immediate interview with the Administrator on at 12:10 PM, to find out if Resident #3 was able to take his own medication. She confirmed that the resident could indeed grab on objects and take his own medication with assistance. During an attempted interview with Resident #3 earlier that day, he was able to greet this writer with a firm hand shake.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nami Home Inc
19380 Sw 16th Street
Pembroke Pines, FL 33029

Dear Administrator:

This letter reports the findings of a state 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 at .

Sincerely,

Arlene Mayo-Davis
Field Office Manager

Enclosure
XG90

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