STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966993	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bella Sisters Senior Care	16671 Sw 52 Lane Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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
St - A - 0189 - Fs 429.905 (2); 58a-6.013 (2-3) Fac - Adccs In Alf S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2015. Bella Sisters Senior Care Inc., had the following deficiencies at time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the facility failed to honor resident's rights for respect two of six (# 1 & 5) sampled residents. The facility failed to limit for two of six (#1 & 5) residents.

Findings included:

Observation on from 8:30 am to 12:00 pm revealed that Resident #4 was seating in a recliner with her feed up. Moreover, the recliner leg holder (feet area) had a small plastic seat to stop recliner to come down.

Observation on at 7:52 AM revealed Resident #4 sat in living a recliner with legs up but recliner leg holder had under a small chair that did not allow her to get out of the recliner.

Further observation on at 8:19 AM revealed that Resident #1 rested on bed with half-bed rail up in #.

Record review on revealed that there was a resident consent to the use of half-bed rails dated and signed on , and a doctor's order for full side rails for safety dated and signed on / by hospice doctor.

Interview on at 12:30 pm with Administrator and Staff A revealed that the small plastic seat under the recliner (feet area) was to prevent Resident #4 to stand up and mess up. Also, they stated, " Resident #4 stand up from the chair, and she cannot walk without supervision. " The administrator and Staff A also stated that they had to put the little plastic seat under the recliner (feet area) to prevent Resident #4 to stand up from the recliner. "

Further interview on with Staff A revealed "I have to put it so she does not get out of recliner and I can finish my work. "

Class III

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

Based on record review, observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of six (#3) sampled residents.

Findings included:

Record review to the Medication Observation Record (MOR) on at 9:10 am revealed that resident #3 had medication (25 - 100 / 3 times a day) at 12:00 pm.

Observation on at 12:00 pm revealed that staff A assisted resident #3 with self-administration of medication as followed: First, staff A took a cup of water and medication. Then, she approached to resident #3 who was seating at the main dining . Next, Staff A put the pill on resident #3 right hands. However, staff A did not explain the medication to resident #3. Then, Staff A did not wait to see resident #3 swallowing the pills because she walked to the office to get the MOR and signed the medication as given.

An interview with administrator on at 1:00 pm revealed that she acknowledged that staff A did not explain the medication, and walked away from the resident while she was assisting resident #3 with self-administration of medication.

Class III

0189-ADCCs in ALF FS 429.905 (2); 58A-6.013 (2-3) FAC

Based on observation, record review and interview the facility failed to provide during the day services such as social, recreational and respite services to an adult who is not a resident in the facility.

Findings included:

Observations and review of

Record review on at 10:00 am revealed that the Admission / Discharge log had the Participant #7(Daycare) admitted on .

Surveyor observes Participant # 7 (Daycare) seated watching TV from 8:00 am to 12:00 pm. Then, Participant #7 (Daycare) stood up to start to lunch. Next, around 12:35 pm, Resident #7 finished to eat her lunch and seated back in front of the TV again.

An interview on at 9:00 am with Participant #7 (daycare) revealed that she stated, " I do not live in the facility, my daughter brings me here during morning time and picks me up at the afternoon. " Participant #7 (daycare) also stated, " I watch the TV here every day; I come and seat in this sofa and watch TV."

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Interview on at 1:00 pm with Administrator revealed that she acknowledged that the Participant #7 (Daycare) had no activity. Administrator also stated, " Participant #2 has been a daycare since , and she does not like to participate in activities. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bella Sisters Senior Care
16671 Sw 52 Lane
Miami, FL 33165

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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