STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966993	02/26/2015
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 - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A limited nursing services survey monitoring was conducted on , 2015. Bella Sisters Senior Care had following deficiencies at time of the survey.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the Assisted Living Facility failed to have a health assessment that showed change in condition for one (#1) out of three sampled residents.

Findings include:

Observation on at 8:19 AM found Resident #1 lying on bed.

Record review of Resident #1's file revealed that Resident #1 was independent for ambulation, bathing, dressing, eating, self-care, and toileting while needing supervision for transferring according health assessment completed on .

Administrator revealed in an interview on at 8:45 AM that Resident #1 could do things by herself when she was on the mood but they assisted her.

Class III

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

Based on observation, record review and interview, the Assisted Living Facility ' s caregiver (A) failed to read medications ' label in the presence of the resident for one (#1) out of three sampled residents.

Findings include:

Observation on at 8:19 AM revealed that Resident #1 lied on bed and caregiver_A brought Resident #1 ' s medication in the . Caregiver_A did not read medications ' label to Resident #1. Caregiver_A told to Resident #1 " All the pills that you have scheduled in the morning to get better " (Todas tus pastillas que te tocan en las mananas para mejorar).

Record review of Resident #1 ' s medication observation record revealed that morning medications were Low

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81 mg tablet, 50 mg tablet, 20 mg tablet, Levothyroxine 75 mcg tablet, Reno Caps Softgel, 25 mg tablet, Thera-M Caplet, C 500 Mg tablet.

In an interview with caregiver_A on at 8:22 AM stated "She (Resident #1) is not good of her mind".

Class III

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

Based on observation, interview and record review, the Assisted Living Facility ' s caregiver failed to chart medication each time medications were taken for three (#1, #2 and #3) out of three sampled residents.

Findings include:

Observation on at 7:50 AM revealed that caregiver_A signed medication observation record for Resident #1.

In an interview with caregiver_A on at 7:50 AM revealed that she signed Resident #1 ' s medication observation record by mistake. Residents #2 and #3 took their medications already but she did not sign medication observation records.

Record review for Residents #2 and #3 ' medication observation records revealed that medicines scheduled for 8 AM were not charted while two of the medicines for Resident #1, Aspir-low 81 mg tablet and 50 mg tablet were charted.

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 findings of a limited nursing services 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 there were no discernible deficiencies noted on the date of the 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

1GGN

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com