STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965870	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
1 Zource Living Care	1401 Ne 176 Street Miami, FL 33162	
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An complaint inspection (#2014012416) on . . . . . 1 Zource Living Care had the following deficiencies at time of survey:

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

Based on observation and interview facility failed to provide the need for privacy for a resident.

Findings included:

1. Observation on arrival to the facility at 8:05 am, observed the sleeping area for the . . resident #4. three black plastic bags on the living . . . next to the couch was observeder where the resident sleeps during the night. Resident #1 started removing the bags of clothing and placing them in another . . . . . Resident #4 slept on the front . . . . . and not in the assigned . . with resident #3. Further observation found that . . was empty in which resident #4 could have been assigned that . . of having to sleep on the couch in the front area of the facility.

2. Interview with resident #4 on . . at 8:30 am, resident stated he did sleep in the front community area on the couch, because his . . . talked a lot at night and he could not sleep.

3. Interview with the caretaker on . . at 9:00 am, caretaker confirmed the findings in regards that resident #4 did sleep in the front . . . on the couch.

Class III

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

Based on observation and interview, the facility failed to have one of one staff member trained in the area for medication passes in the proper manner.

Findings included:

1. Observation of medication pass on . . . at 9:00 AM, the caretaker was observed pouring the medications from containers into her hands without wearing gloves. The caretaker was observed doing this for the entire

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medication pass.

2. Interview with caretaker on , at 9:30 am, after she finished handing out the medications, could not explain why she used her bare hands to pass medication.

Class III

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

Based on observation of the emergency food pantry facility failed to have enough emergency food stored in the facility for less than three days.

Findings included:

1. Observation of the emergency food pantry in the locked closet, observed five boxes of rice pilaf, two small bags of instant soup, one half filled large box of oatmeal, two cans of chunky soup, one can of red beans, five can of tuna fish, ten cans of corn, one bottle of peanut butter, one can of tomato soup, three cans of chili, 8 cartons of crystal assorted fruit drinks, 1 bottle of salad dressing and two small boxes of cafe domino.

2. Interview with caretaker on , at 12 noon lunchtime, she confirmed the findings in regards to the facility not having enough emergency food for three days for the residents in case of an emergency situation should occur.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation facility failed to provide and safe environment for the safety of the resident living at the facility at this time.

Findings included:

1. Observation of the food pantry area of the facility observed a large rodent trap on the floor in the storage (photo was taken). In the hall way area across from the food pantry observed another rodent trap on the floor between a cabinet and the stored water shelf. (photo taken). Observation of the ceiling fans in the dining sitting area of the facility observed light bulbs were missing in the fans light bulb sockets each ceiling fane had only two bulbs in them. (photo taken). Outside area area of the facility observed the storage shed still did not have a lock on the plywood panel that was being used as a door, there was only a piece of wiring holding the panel together. On the side wall of the facility backyard area observed a shovel /a glass window pane and a stack of bricks. On the front area of the facility observed two sections of the railing was broken apart and one piece of the railing was lying on the ground and on the other railing pieces were missing (photo was taken).

Interview with the caretaker confired the findings.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
1 Zource Living Care
1401 Ne 176 Street
Miami, FL 33162

RE: CCR #20140124161

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for
Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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