STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Hands Assisted Living, Inc	12735 North Miami Avenue Miami, FL 33168	
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 - 0050 - 429.256(2) Fs;58a-5.0185(1) Fac - Medication - Self Administered Medications S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A monitoring survey was conducted on . Caring Hands Assisted Living Facility had the following deficiencies.

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

Based on record review and interview facility failed to have an significant change for one out of two sampled residents Health Assessment after the residents care services needed to be updated.

Findings included:

1. Record review found that resident #1, was admitted on - and started receieving hospice care services on .

Review of Resident #1 health assessment, dated , documented the follwoing information: Medical history and diagnosis: / Parkinson's / / / / / / and . Physical or Sensory limitations: Ambulation/ Cognition/ or behavioral status: AOX1/ nursing/treatment/ service requirements: medication management/ Assisted Daily Living's (ADL) Care and precautions. Section one: Health Assessment (must be completed by a licensed health care provider-means a face to face examination with a resident). Resident # 1's ADL's for Ambulation/ Bathing/ Dressing/ eating/ Self care ( )/ Toileting/ Transferring all were checked (A) for assistance.
Section B. for a special diet was not checked for type of meals to be served to this resident..
Section C. under Status: Numbers 1 thru 5 all stated (NO), resident # one is bedridden and #two for being bedridden is checked (NO).
Section 3 page 5 not signed by Administrator.

Observation found Resident #1 in hospice care and totally bedridden. Resident #one cannot do anything for herself and cannot get out of bed at anytime

Interview with Caretaker C. on at 2:00 pm, she confirmed the findings in regards to resident #1, condition had changed and the health assessment needed to be updated. Caretaker C confirmed Resident #1 was totally bedridden.

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Based on record review facility failed to have changes made in one section of resident #2's chart for being bedridden, but in section C page 4. number two has been marked (NO). Resident #2 is bedridden and a new health assessment is needed for this resident.' The last examination for this resident dated .

Interviewed Caretaker C. on at 2:00 pm, she confirmed the findings in regards that resident #2 was also bedridden and under hospice care with Vitas hospice services since . Caretaker confirmed resident #2 staus for being bedridden is wrong and should state (Yes).

Class III

0050-Medication - Self Administered Medications 429.256(2) FS;58A-5.0185(1) FAC

Based on record review and interview facility failed to have two out of three employees did not have an up to training in their files for Assistance with Self Administration of Medications at the time of the survey.

Findings included:

1. Record review showed that Employee B and C did not have continuing education in Self-Administration of Medications in their files. Staff member B last date for the medication training was on . Employee C. (hired on) the last medication training was dated on .

2. Interview with Employee C. on at 2:00 pm, Employee C. confirmed the findings in regards that both Employees B and C did not have their up to date training in their files for Assistance with Self Administration of Medications at the time of the survey.

Class III

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

Based on record review and interview facility failed to have two out of three employees did nothave documentation of a negative examination on an annual basis.

Findings included:

1. Record review showed that Employee A (Administrator) did not have a starting date on his employment application, the last documentation of a exmaination was dated on . Employee B last documentation of a negative was dated .

2. Interview with Employee C on at 2:00 pm, employee C. confirmed employee A (Administrator) and Employee B. (Caretaker) did not have their up to date physical examinations in their files at the time of the survey.

Class III

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

Based on record review and interview facility failed to have one ot of three employees to have training certification in her file at the time of the survey.

Findings included:

1. Record reveiw revealed Employee C (Caretaker, hired) did not have a training in Reporting Adverse Incidents.

2. Interview with Employee C on at 1:00 PM, confirmed she did not have training in Reporting Adverse Incidents.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation and interview facility failed to receive a prescription from a Licensed Physician or Licensed Dietitian to provide puree diets to two out of two sampled resident.

Findings included:

1. Observation during lunchtime at 12 noon on , Employee C was observed preparing a puree lunch for Resident #1 and #2. Checking both residents charts revealed that neither resident has a prescription for being served a puree diet by a Licensed physician or a Licensed dietitian.

2. Reviewed resident #1's chart section B. page number two for special diet instructions which was found to be (Blank).
3. Reviewed resident #2's chart in section B. special diets instructions marked (Regular) and not for a (Puree diet).

3. Interview with Enployee C on at 2:00 PM, confirmed the findings in regards that their was not any documentation in either residents charts livening the facility the right to serve residents #1 and #2 (Puree diet). The employee stated that she decided to give both residents a (Puree diet) because it would be easier for them to swallow the food. Employee C. admitted that she was responsible for the diet change without the order being given by a doctor of dietitian.,

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Caring Hands Assisted Living, Inc
12735 North Miami Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a 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 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 Evalautor upervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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