STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965710	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Yilliam Home	13888 Sw 18 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Yilliam Home had the following deficiencies found at the time of the survey:

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to provide activities. The facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

On at 11:30 AM during observation found the 2015 calendar for activities posted.

On at 11:30 observed during the hours of 9:00 AM to 12:00 PM some residents were watching television in the common area and other were sitting in their . The activities were schedule from 11:00 AM to 12:00 PM but there were no activities offered to the residents.

On at 2:00 during an interview with the administrator, she acknowledge and agree to the finding that activities were not provided.

Class III

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

Based on observation, record review, and interview the facility failed to maintain the medication observation record (MOR) for 2 out of 7 (#4 and #7) sampled residents.

Findings included:

On at 9:59 AM observed bingo cards for Residents #4 and #7 with medications (pills) for the date from the morning still in the cards. Orders stated; "Twice a day".

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On at 10:02 AM record review showed medications of Residents #4 and #7 were marked in the MOR as given.

On at 10:02 AM Staff C stated that she had marked the MOR already just for convenience but that she was not going to do it anymore.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its accurate staffing pattern for a given time period.

Findings included:

On at 9:47 AM found Staff C alone at the facility upon entrance.

On at 10:15 AM during record review of the facility staffing schedule for / to / / four... ...esday , Staff C and Staff B were scheduled to be at the facility from 7:00 AM until 7:00 PM (owner and caregiver).

On at 2:00 PM the Administrator, she stated that she knew that Staff B was not in the facility at th ...out from now on she was going to make sure that all the staff that are on the schedule are going to be working in the facility.

Class III

0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's Administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings included:

On at 12:45 PM record review showed that the Administrator's last 12 hours of continuing edu ...pired dated .

On at 2:00 PM the Administrator stated that she had not taken the 12 hours of continuing edu ...nd that she was going to take them as soon as possible.

Class III

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0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure 1 out 7 (#4) sampled residents to have a Power of Attorney (POA), Surrogate or Guardianship documentation in their charts.

Findings included:

On at 10:25 AM record review found Resident #4 (admitted on)'s family member was signing her documents without a POA, Surrogate, or Guardianship notarized properly. Power of attorney was found on the resident's record was missing the stamp of the Notary Public only a signature.

On 03.03.15 at 2:00 the Administrator stated that she was going to try and get a POA as soon as possible to have it on resident's file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Yilliam Home
13888 Sw 18 Terrace
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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