

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910975	(X3) DATE SURVEY COMPLETED 03/09/2015
NAME OF PROVIDER OR SUPPLIER LIVING OF LITTLE HAVANA, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 SW 20TH AVENUE MIAMI, FL 33135	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

A Monitory Survey was conducted on 03/09/2015. Living of Little Havana, Inc. had a deficiency found at the time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure that medications that have been abandoned were disposed within 30 days. The facility failed to ensure that centrally stored medications were locked at all times.

Findings included:

1. Observation during the tour of the facility on 03/09/2015 found the office door was opened. Observed the lower part of the split level door was unlocked and medications were seen on top of a stack of green containers. The office door was not locked and the facility staff were not observed in the office.
2. Interviewed the Administrator on 03/09/2015 at 1:00 pm, she stated that the medications belonged to residents that were no longer living at the facility and they were waiting for the pharmacy to come pick them up.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Living Of Little Havana, Inc
820 Sw 20th Avenue
Miami, FL 33135

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida