STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967382	04/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ABUELOS HOME CARE CORP	8422 WOODLAKE DRIVE TAMPA, FL 33615	

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

0000 - Initial Comments

Assisted Living Facility

The Abuelos Home Care Corp had deficiencies found at the time of this visit.

A Complaint Investigation (CCR# 2015000935) was conducted on .

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based upon record review & interview, the facility did not ensure that all required information on the health assessment was completed in entirety for 1 (#1) of 2 residents reviewed.

Findings Include:

A review of the closed record for Resident #1 revealed that the resident health assessment (1823) was not dated when signed by the health care practitioner & did not include information pertaining to the management method of the residents medications.

During interview with the facility Administrator (approximately 11:00 am) he acknowledged that he had not noticed this information was missing.

Class III

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

Based upon observation and interview, the facility did not ensure that all centrally stored medications were kept in a locked storage receptacle.

Findings Include:

During facility tour on at 10:00 am, 16 medication cards (packaged cards) were observed lying on the bed belonging to Resident #2.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967382	**04/22/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
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0055 Continued From page 1

The Staff, who was Spanish speaking, could not respond to the surveyors question concerning the un-secured medications. When the Administrator arrived (about 10:15 am), during translation the Staff responded that she placed the medications on the bed to check them and did not mean to leave them there.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Abuelos Home Care Corp.
8422 Woodlake Drive
Tampa, FL 33615

RE: CCR #2015000935

Dear Administrator:

This letter reports the findings of a complaint 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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