STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968493	04/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CLEON CORP FAMILY CARE INC	10168 NW 128 TERRACE HIALEAH GARDENS, FL 33018	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on , 2015. Cleoin Corp. Family Care Inc. had the following deficiencies at time of the survey.

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

Based on observation and interview the facility failed to assist with self-administration of medication for three out five (# 1, 2 and 4) sampled residents.

Findings Included:

Observation on from 12:00 pm - 12:08 pm revealed the following informtation:

Employee A took the medication (500 mg) in her hand (gloves on) and put it in Resident's (# 2) mouth and did not explain the medication.

Employee A took the medication (2 mg) in her hand (gloves on) and put it in Resident's (#1) mouth and did not explain the medication.

Employee A took the medication (500 mg) in her hand (gloves on) and put it in Resident's (# 4) mouth and did not explain the medication.

Record review on revealed that Residents (#s 1,2 and 4) needed assistance with self-administration of medication.

Interview on at 12:30 pm revealed that Employee A stated, " I thought it will better to provide the pills directly to the Residents' (#s 1,2, and 4) ' s mouths.

Interview on at 12:33 pm with Administrator revealed that he acknowledged that Staff A did not assist with self-administration of medication properly to residents' (#s 1, 2 and 4).

Class III

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

Based on record review and interview, the facility failed to maintain complete daily medication observation records (MORs) for 5 out of 5 residents (residents #1, 2, 3, 4 and 5).

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 Continued From page 1

Record review of residents's (#1, 2, 3, 4 and 5) medication observation records (MORs) indicated that none of the residents were documented to have received medications in the evening on and in the morning on , as per the attached photograph.

Interview on at 9:37 am with Employee A revealed that she was on the way to sign the MOR on the missing dates (and) .

Interview with Administrator on at 10:30 am revealed that he acknowledged that the employee responsible to document on residents ' (# 1, 2, 3, 4 and 5) MORs did not document in a timely manner.

Class III

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

Based on record review and interview the facility failed to ensure two out of four (Administrator and Employee C) sampled employees to have an annually test.

Findings included:

Record review on at 10:11 am revealed that the Administrator (hired on) last was on .

Further record review on around 10: 21 am revealed that Employee C (hired on) last was on .

Interview on at 11:30 am revealed that the administrator stated that he acknowledged that Employee C and he did not have an update test.

Class III

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

Based on record review and interview the facility failed to have two out four sampled employees to have training in the areas for Food Service Designee.

Findings included:

Record review on at 11:33 am revealed that Employee A (hired on) did not have documents for (2 hours) Food Service Designee. Employee B (hired on) did not have in file documentation for (2 hours) Food Service Designee.

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CLEON CORP FAMILY CARE INC	**10168 NW 128 TERRACE HIALEAH GARDENS, FL 33018**	

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

0085 Continued From page 2

Interview with Administrator on at 11:55 am revealed that Employees A and B did not have the two hour training for Food Service Designee at time of survey.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview the facility failed to have an updated Admission/Discharge log.

Findings included:

Observation on from 9:00 am - 3:50 pm revealed that resident #5 lived in the facility in #1.

Record review on at 9:16 am revealed that facility Admission/Discharge log did not have Resident #5 in file.

Interview on between 1:20: pm and 1:35 pm with Employees A and B revealed that they stated that Resident #5 lived in the facility.

Interview on at 1:12 revealed that he acknowledged that Resident # 5 was not at the Admission/Discharge log.

Class III

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

Based on observation, record review and interview the facility failed to have documentation of health care surrogate, guardian, or power of attorney for one out five (#1) sampled residents. Facility failed to have signed the facility contract and the consent for unlicensed employee to assist with self-administration of medication for one out of five (#5) sampled residents.

Observation on from 9:00 am - 3:50 pm revealed that resident #5 lived in the facility in #1.

Record review on revealed that resident #5 did not have the power of attorney in her file. Moreover, Resident #5 did not have the facility contract signed and / or the consent for unlicensed employee to assist with self-administration of medication.

Interview with Administrator on at 1:12 pm revealed that he acknowledged that Resident #5 was missing the above documentation. The Administrator also stated that Resident #5 recently moved to the facility, and she was still adapting to live in the facility, and her son agreed to sign the missing documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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0162 Continued From page 3

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cleon Corp Family Care Inc
10168 Nw 128 Terrace
Hialeah Gardens, FL 33018

Dear Administrator:

This letter reports the findings of a standard biennial 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
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