STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	R **04/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALF ... SEVILLA HOME CARE CORP	**8331 SW 27 ST MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 04/09/15. ALF ... Sevilla Home Care Corp with Limited Mental Health and Limited Nursing Services component has the following deficiencies found at time of survey.

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

Based on observation, record review and interview the facility failed to properly assist with self-administration with medication for 2 out of 2 (#1 and #5) sample residents.

Findings included:

Observations on ... 12:08 PM, Staff B unlock the medications cabinet. Staff reviewed the medications for resident #5 and then punch bingo card on to her bare hands and put pills in small cup. Staff did not read medication names to the resident. Further observation at 12:11 PM Staff B unlocks medication cabinet. Staff takes bingo card for Resident #1. Staff punch bingo card on to her bare hands and put pills in a small plastic cup. Staff did not read medication name to resident #1. Staff put small cup on resident #1 mouth and resident refuses medication. Staff put plastic cup with medication on the table and left to the kitchen. Staff left medication unsupervised. Staff did not follow the correct procedures.

Record review on ... that the Medication Observation Record did not have resident's (#1) medication ... 500 mg 1 table 2 times a day and for Resident's #5 medication ... epam ½ table at noon and 1 table at bed time signed as given .

During an interview on ... at 12:30 PM Administrator acknowledged that Staff B did not followed the correct procedure with self-administration of medication.

Class III

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

Based on record review and interview the facility failed to have daily medication record maintained for resident's who receives assistance with self-administration of medications or medication administration 2 out of 6 (#1 and 5) sampled residents.

Findings included:

Record review on ... medication record for Resident #1 showed that doctor order ... 500 mg 1 table two times a day and was initialed by care staff three times a day 7:00 AM; 12:00 PM and 7:00 PM. Further medication record review for Resident #5 showed that doctor order ... 5 mg ½ tables at noon and 1 table at bed time and was initialed by care staff at 7:00 AM only.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	R **04/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALF ...] SEVILLA HOME CARE CORP	**8331 SW 27 ST MIAMI, FL 33155**	

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

0054 Continued From page 1

During an interview on ..... at 12:30 PM, Administrator acknowledged the medication sheets for resident's #1 and #5 did not have accurate doctor order information.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966481	A. Building B. Wing	4/9/2015

Name of Facility	Street Address, City, State, Zip Code
ALF SEVILLA HOME CARE CORP	8331 SW 27 ST MIAMI, FL 33155

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0026** Reg. # **58A-5.0182(2) FAC** LSC		ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC		ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	
ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC		ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC	
ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	
ID Prefix **AL241** Reg. # **58A-5.029(2) FAC** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 04/27/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Alf i Sevilla Home Care Corp
8331 Sw 27 St
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

Enclosure
AMD:kb

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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