STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910865	**04/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
APOSTOLADO HOME, INC	**11081 SW 63RD TERRACE MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Survey was made on . Apostolado Home Inc. with Limited Mental Health component had the following deficiency at the time of visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview the facility failed to have a written order for medication administered to1 out of 8 (#3) facility residents.

Findings as follow:

On at 12:25 p.m. it was observed Staff B assisting resident #3 with self administration of 1:00 p.m. medications.
Record review documented resident #3 was ordered 15 mg every 6 hours for pain on . The bottle of medication showed / mg take 1 tablet by mouth every 6 hours.

On at 12:25 p.m. Staff B stated a family member is in charge of taking prescriptions and picking up the medications from the Pharmacy, adding the facility had no a copy of the prescribed medication for this month.

Further Medication Observation Record (MOR) review confirmed the facility was giving resident #1 the medication as was expressed in the medication's bottle label. MOR review documented the facility was giving the medication to resident #3 three times a day (8 a.m.1 pm and 8 pm) and not every 6 hours.

On at 12:25 p.m. resident #3 stated was taking the medication 3 times a day and added a family member took the prescription for this month to the pharmacy and failed to bring it to the facility. Resident #3 stated is enroled in an HMO.

On at 12:25 p.m. facility Staff B confirmed they were not following Doctor's orders by giving resident the medication, Oxicodone/ every six hours as prescribed.

Class III

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

Based on observation, record review and interview the facility failed to have an accurate Schedule who reflected the Staffing working hours.

Findings as follow:

On at 9:00 a.m it was observed staff C assisting residents with the activities of daily living.

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

0079 Continued From page 1

On at 12:00 p.m. Staff C was observed serving food for lunch.

Record review documented the facility staffing schedule posted did not list Staff C on the schedule.

Review of Staff C application found she was hired on .

On at 1:40 p.m. Staff C stated was working in facility for less than a month and added assisted residents with self administration of medications.

Class III

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

Based on observation, record review and interview the facility failed to have 1 out of $ (Staff C) trained in Nutrition and Food Service..

Findings as follow:

On at 12:00 p.m. Staff C was observed serving food for lunch.

Record review documented the facility failed to have documentation of Staff C (hired on) trained in Nutrition and Food Service.

On at 12:15 p.m. Staff C stated she did not receive the Nutrition and Food Service training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Apostolado Home, Inc
11081 Sw 63rd Terrace
Miami, FL 33173

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