STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967664	**04/30/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NORCRIST HOME, INC	**542 NW 8TH STREET MIAMI, FL 33136**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Norcrist Home, Inc. had deficiencies 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 were locked or kept in a secure area.

Findings included:

1. On during the tour at 2:05 pm medications were observed in a open kitchen area with residents present and the medications were laying out on shelves and the staff were in the kitchen area cooking and cleaning up the facility.

2. The staff member stated medications were received from the pharmacy, then started putting the medications up.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have an addendum to the contract rate for five out of six (#2-6) sampled residents.

Findings included:

1. Record review revealed that Residents #2-6 did not have an addendum in their charts for the monthly rate changes from the previous contracts. Resident #2's monthly rate was 674.00 and the new monthly rate was 733.00. Resident #3's monthly rate was 694.00 and the new monthly rate was 733.00. Resident #4's monthly rate was 674.00 and the new monthly rate was 733.00. Resident # 5's monthly rate was 698.00 and the new monthly rate was 733.00. Resident #6's monthly rate was 698.00 and the new monthly rate was 733.00.

2. Interviewed the Administrator/Owner on at 5:00 PM, she confirmed the findings in regards to Residents #2-6 not having addendums in their charts agreeing for the new monthly rate.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review the facility failed to ensure one out of four (D) sampled employees received three hours of

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

L243 Continued From page 1

Limited Mental Health training every two years.

Findings included:

1. Record review revealed that Employee D. (Administrator/Owner) did not have the three hours of continuing education of Limited Mental Health training every two years. The last three hours for the training was completed on

2. Interviewed the Administrator on at 5:00 PM, she confirmed the findings that she did not have three hours continuing education of Limited Mental Health training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Norcrist Home, Inc
542 Nw 8th Street
Miami, FL 33136

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure 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

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