State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966532

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
7/9/2015

Name of Facility
LUGAR DE AMOR ALF

Street Address, City, State, Zip Code
403 NW 136 PLACE
MIAMI, FL 33182

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed	ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	Correction Completed	ID Prefix **A0167** Reg. # **58A-5.025 FAC** LSC	Correction Completed
ID Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC	Correction Completed	ID Prefix **AZ827** Reg. # **408.812, FS** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency — **Reviewed By** — **Date:** 07/29/15 — **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**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966532	R
NAME OF PROVIDER OR SUPPLIER **LUGAR DE AMOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **403 NW 136 PLACE** **MIAMI, FL 33182**	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/30-07/09/15. Lugar De Amor ALF with Limited Mental Health component had deficiencies found at the time of survey.

0008 Admissions - Health Assessment

Based on observation, record review and interview, the Facility failed to have an accurate health assessment that showed that resident need administration of medication 1 out 5 (#5) sampled residents.
Findings included:
Observation on at 5:29 PM showed that Resident ' s #5 had family member at the facility to administer her 6:00 PM medication.
Record review on showed the resident #5 ' s health assessment (AHCA form 1823) completed on had marked that Resident ' s #5 needs assistances with self-administration of medication.
During an interview on at 5:44 PM facility Consultant acknowledged that health assessment was not accurate.
Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to properly assist with self-administration with medication (demonstration).
Findings included:
Observation on / at 10:08 AM showed that staff E made a demonstration of self-administration of medication, and she did punch medication bingo card in to her hands, she did place bingo card to the cabinet and did not prompt medication name to residents, Staff did not give resident to swallow the medication. Staff did not initialed the medication Record (MORs)
During an Interview on / at 10:11 AM Administrator acknowledged that staff E did not demonstrate medication procedure properly to surveyor and she stated " can I do the demonstration " .
Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that medications were kept locked at all times.
Findings included:
Observations on during the facility tour Surveyor showed unlock prescribed medications on the storage (garage renovated in to) in pharmacy white paper bags for Resident ' s #1;

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUGAR DE AMOR ALF	**403 NW 136 PLACE** **MIAMI, FL 33182**

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

Resident ' s #2 (daycare participant) and Resident ' s #3.
During an interview on at 10:20 AM Administrator acknowledged the findings that the storage unlocked and medication was there. Administrator stated this medication is for next month.
Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to maintain an accurate written work schedule which reflects its 24-hour staffing pattern for a given time period.
Findings included:
During facility entrances on 9:00 AM observed only one staff at the facility; Staff E was on duty with seven residents. Staff E contacted administrator over the phone and she arrived at 10:00 AM.
During record reviewed / showed the staffing patter posted on the facility bulletin board was scheduled from / to
During an interview on at t 10:40 AM, Administrator acknowledged the findings and she stated " I ' m working here today because the other staff is not here " . Furthermore she stated I have the staffing patter here to be posted.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Lugar De Amor Alf
403 Nw 136 Place
Miami, FL 33182

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on 9, 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

AMD:kb
Enclosure

BBT7

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