| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965036 | 06/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**LESENDE HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2308 SW 10TH ST**<br>**MIAMI, FL 33135** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on . Lesende Home Care with Limited Nursing Services and Limited Mental Health components had the following deficiencies found at the time of survey.

**0010 Admissions - Continued Residencv**

Based on record review, observation and interview the facility failed to have a completed Health Assessment for 1 out of 6 (#1) sampled resident. The facility failed to ensure 1 out of 6 (#2) facility residents have a complete and updated health assessment that specifies whether the individual will require any assistance with the administration of medications.
Findings included:
Record review on showed that Resident's #1 (admitted on ) did not have special diet instruction on a Health Assessment Form (AHCA 1823) dated .
Further record reviewed showed Resident ' s #2 (admitted on ) Health Assessment Form (AHCA 1823) dated was missing: or behavioral status, Nursing/treatment/ services/ Special precaution/ Elopement risk are blank. Resident #2 is assessed as needing assistance with self-administration of medication.
Observation on at 12:20 PM, of resident's #2 med pass found the resident was spoon fed her medication.
During an interview on at 3:30 PM the facility Administrator and Staff C acknowledged Health Assessment for resident's #1 and #2 were incomplete.
Class III

**0052 Medication - Assistance with Self-Admin**

Based on observation, record review and interview the facility failed to ensure that 1 out 6 residents received proper assistance with self-administration of medication.
Findings Included:
Observation on at 12:20 PM, of med pass for resident ' s #2 showed Staff C stated to Surveyor " she has Parkinson and her hands shakes a lot and I have to put pill in her mouth " . Staff continues with processes prompt medication name to resident, Staff punch bingo card on to spoon put medication pill ( , / , Tab) in to small plastic spoon. Staff C put spoon within pill on to Resident #2 mouth. Resident #2 opened her mouth and showed pill. Staff C assisted resident #2 with water. Resident #2 swallowed medication.
Record review on of showed that Resident ' s #2 (admitted on / ) health assessment dated revealed that Resident ' s #2 needs assistance with self-administration of medication.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965036 | 06/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**LESENDE HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2308 SW 10TH ST**<br>**MIAMI, FL 33135** | |

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

During an interview on at 12:30 PM with Staff C, acknowledged the medication procedure was not properly followed.
Class III

**0077 Staffing Standards - Administrators**

Based on record review and interview the assisted living facility failed to show documentation that the Manager had at a minimum a high school diploma or GED. The facility failed to appoint in writing a manager for the facility that may not serve as a manager of more than a single facility and may not serve as an administrator of any other facility.
Findings included:
Record Reviewed on showed that facility manager did not have documentation of high school diploma on record for review. Furthermore reviewed Florida Health Finder.gov on showed the facility Manager (hire ) was the administrator of one facility.
During an interview on at 3:30 PM Administrator acknowledged the facility did appoint a manager that was the administrator at another facility. Furthermore he acknowledged that high school diploma was not on record for review.
Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview the assisted living facility failed to provide a safe living environment for residents.
Finding Included:
During the facility tour on at 10:20 AM showed that kitchen ceiling had large yellow stains on it.
During an interview on at 3:30 PM Administrator and Staff C acknowledged that kitchen have the stains on the ceiling. Administrator stated we are waiting for the handyman completed the work.
Class III

**L241 LMH - Records**

Based on record review and interview the facility failed to update the Community Living Support Plan for 1 out 6 (#3) sampled limited mental health residents.
Findings included:
Record review on revealed Resident ' s #3 (admitted on ) health assessment dated with diagnoses file did not contain an updated Annual Community living support plan. Resident ' s #3 received ( ). The last Annual Community living support plan done was on .
During an interview on at 3:30 PM the facility Administrator and Staff C acknowledged the

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965036 | 06/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**LESENDE HOME CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2308 SW 10TH ST**<br>**MIAMI, FL 33135** | |

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

Community Living Support Plan for resident #3 was not updated. Administrator stated " I have to contact the physician " .
Class III

**L243 LMH - Trainina**

Based on record review and interview the facility failed to ensure 1 out of 6 ( E )received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within six months of employment.
Findings included:
Record review on showed Staff E (hire ) file did not contain documentation of Limited Mental Health training. Staff E provided care to residents according to the staffing patter.
During an interview on at 3:30 PM, the facility Administrator and Staff C acknowledged that Limited Mental Health training was not in the record for staff E.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Lesende Home Care
2308 Sw 10th St
Miami, FL 33135

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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