STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	07/09/2015
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **13025 NW 2 AVENUE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2015. Caring Hands Assisted Living II with Limited Mental Health component had the following deficiencies found at time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a Manager and have that Manager's record available for review.

Findings included:

Record review found the facility's Administrator supervised two facilities. Record review found the facility did not have a Manager appointed with a record for review.

On , survey completed with Staff B, who called the Administrator during the survey but he was not present during the survey.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility's personnel records did not include evidence of negative ( ) examination documented for one out of three (A.) sampled staff. The facility also failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of three (B.) sampled staff.
Findings included:

Facility's record review revealed that sampled Staff A.'s employee file did not include evidence of negative examination. Staff A. evidence of negative examination in the file had expired . The facility also failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for Staff B. (hired).

On / at 12:35 PM Staff A. stated " I will schedule the test."

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

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Based on record review and interview the facility failed to ensure that staff received an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for one out of three (Staff A.) sampled employees.

Findings included:

Personnel record review on revealed documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff A. expired .

On at 12:25 PM Staff A. stated, "We will complete the training."

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview the facility's personnel records did not include properly documented evidence of In-service/Ongoing training for one out of three (Staff C.) sampled staff.

Findings included:

Facility's record review on revealed the following In-service/Ongoing training for Staff C. (hire date) were dated / but not signed by employee; ADL and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness, & Evacuation Training, Incident Reporting Training, Resident Rights Training, Recognizing /Reporting , Neglect & Training.

On at 12:25 PM Staff A. stated, "We will complete the training."

Class III

0093 Food Service - Dietary Standards

Based on observations and interview the facility failed to ensure menus are conspicuously posted or easily available to residents.

Findings included.

Facility tour on at 9:15 AM revealed that the facility's menu posted in the kitchen was not updated

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CARING HANDS ASSISTED LIVING II	**13025 NW 2 AVENUE MIAMI, FL 33168**

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(2013). Tour of the dining area contains no updated menu posted conspicuously for residents to view.

Interview with the Administrator on at 12:00 PM by phone, he stated, " The updated menu is in the facility; however, I do not have it posted."

Class III

0120 Fiscal - Financial Stability

Based on record review and interview the facility failed to have income and expense records available to show evidence of financial stability.

Findings included:

Record review on revealed that the facility did not have the income and expense records for the previous three months.

Interview on at 11:00 AM revealed the records were not available. Staff B. stated they were the same as the last financial statement from 2015.

Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have residents' daily sugar and logs completed for one out of four (Resident #1) sampled residents. The facility failed to have the Home Health order for one out of four (Resident #1) residents sampled.

Findings included:

Observation on at 10:00 AM during tour revealed that the facility had 70-30 (injected once daily) locked in the refrigerator which belonged to Resident #1.

Facility record review on revealed that Residents #1 had the daily administration incomplete. There was no updated administration log for Resident #1. Record review on revealed that Resident #1 did not have the Home Health doctor's order available for review.

Interview on at 11:50 AM with Staff A revealed that she did not know that Resident #1's daily

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sugar and logs were missing information.

Interview on at 11:53 AM with Home Health's Case Worker by phone revealed that Resident #1 received his at the day program Monday to Friday, and a Home Health's Nurse administered the on Saturday and Sunday.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure the staff that in direct contact with mental health residents receive the 6 hours minimum training in Limited Mental Health approved by the Department of Children and Families Services for three out of three (A, B and C) sampled staff.

Findings included:

On record review for Staff A. (hire date), Staff B. (hire date), and Staff C. (hire date) revealed file did not contain the required documentation for the minimum 6 hours training approved by the Department of Children and Families Services Training in Limited Mental Health.

On at 12:15 PM Staff A. stated, " I requested a long time ago that the Limited Mental Health component be dropped from the Assisted Living Facility's license."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Caring Hands Assisted Living Ii
13025 Nw 2 Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a Standard 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. **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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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