STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965656	07/23/2015
NAME OF PROVIDER OR SUPPLIER **DAISY CUIDADO DE ANCIANOS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6510 NW 2 STREET** **MIAMI, FL 33126**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Daisy Cuidado De Ancianos Inc. with a Standard license had the following deficiencies found at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, for 1 out of 5 (#4) sampled residents.

Findings included:

On at 9:00 AM record review revealed that Resident #3's file did not have any notes of any specific incident for the last three months. Durung an interview, the resident had a in her harm, when asked what had happened, resident stated that she had down from the bed.

On at 9:40 AM interview with Resident #3's sister (via phone) she stated that on Wednesday at 7:00 AM she received a call from the facility to let me know that my sister had down and broke her arm. I went immediately to take her to the local hospital and they told me that she the wrist due to the in the facility. They schedule to have a small Surgery for today , 2015, but I had to cancel it because she has a very bad . I have another schedule appointment for next Tuesday , 2015 to reschedule the small surgery

On in an interview with the owner, she stated, that in fact the facility follow all the proper procedure to have the resident taken care of, but the facility forgot to write down what steps they have follow.

Class III

0052 Medication - Assistance with Self-Admin

Based on record review, observation and interview the facility failed to provide proper assistance with self-administration of medication for 1 out of 5 sampled residents.

Findings Included:

On at 12: 00 PM record review of the Medication Observation Record (MOR) revealed that

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SUMMARY STATEMENT OF DEFICIENCIES
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resident #1 had medication, Cardbidopa/Levo , at 12:00 PM.

Observation on at 12:00 PM found the medication cabinet unlocked and taken out of closet by caregiver. The medication observation book was not check. The bin is opened and medication is taken out. Some water was poured in a cup. Resident was not prompted neither told what medication she was taken. Care giver turned around to look for the Medication Observation Record(MOR), she did not made sure that resident swallowed the pill. Proper procedures was not followed.

On at 1:00 PM an interview with Owner stated that she usually does it properly but this time she did not do it properly because she was nervous.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Daisy Cuidado De Ancianos Inc
6510 Nw 2 Street
Miami, FL 33126

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

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