STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/04/2015
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2015. St DB & Y Home for the Elderly with Limited Mental Health and Limited Nursing Services components had the following deficiencies identified at time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on observation and interview the facility failed to have a current activities calendar posted in common.

Findings included:

Observations on at 9:00 AM during tour found a activities calendar for 2015 posted in the facility.

Interview with the Administrator on at 3:00 PM stated, "I did not get chance to change the activity calendar."

Class

0054 Medication - Records

Based on observation, record review, and interview the facility failed to have daily medication observation records (MORs) maintained for each resident who receives assistance with self-administration of medications for one out of six (#1) sampled residents.

Findings included:

Observations on at 12:43 PM found medications for Resident #1 (0.25 mg tab and Levo 25-100 mg Cap) documented twice and was initialed from / to on the MORs.

Interview on at 3:30 PM the Administrator acknowledged the medication sheet for Resident #1 had the medication duplicated on the MOR. She stated, "The pharmacy made a mistake."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/04/2015
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

0077 Staffing Standards - Administrators

Based on observations, record review, and interview the facility failed ensure the Administrator who supervised a maximum of three assisted living facilities appointed in writing a separate manager for each facility.

Findings included:

Observed on a Letter of Delegation posted which had the Administrator listed as the manager.

Record review of a staff files revealed a record for a manager, that staff member was an Administrator of three another facilities. The internet search of the Florida facility finder website also found the Administrator supervised three licensed facilities.

Interview on at 10:00 AM the Administrator stated, "I have three facilities and I have a manager them."

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure staff had 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 five (B) .

Findings included:

Record review found that Staff B (hired) did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

Interview on at 3:30 PM the Administrator acknowledged Staff B did not have proof of the statement.

Class III

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have a written work schedule

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/04/2015
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

which reflects its 24-hour staffing pattern.

Findings included:

Observations during tour on at 9:00 AM found a staffing schedule posted on wall was for the month of 2015. Staff B was found at facility with the residents, observed assisting residents. The administrator arrive to the facility on at 10:13 AM.

Record review found the facility did not have a current staffing schedule which listed all staff members.

Interview on at 3:30 PM with Administrator acknowledged the staff schedule was not current or accurate and stated, "I didn't get a chance to change it."

Class III

0085 Training - Nutrition & Food Service

Based on observations, record review, and interview the facility failed to ensure three out of five (B, C, and D) sampled staff have minimum of 2 hour (hr) continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

Observations on at 9:00 AM found Staff B and C in facility with the residents. Staff B and C was observed cooking and preparing residents meals

Record review found Staff B's last 2 hr nutrition and food service training was dated / expired / ; Staff C's last 2 hr nutrition and food service training was dated expired ; and Staff D's 2 hr nutrition and food service training was dated / expired / .

Interview on at 3:30 PM the Administrator acknowledged that staff did not have the nutrition and food service training.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to have a 3-day supply of non perishable food, for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/04/2015
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

a census of six residents on hand at all times.

Findings included:

During tour on at 9:10 AM revealed the emergency food did not contain protein for a census of six residents. A refrigerator in the garage contained only frozen meats.

Interview with the Administrator on at 3:30 PM confirmed the facility did not have any non-perishable protein on hand.

Class III

0161 Records - Staff

Based on observation, record review, and interview the facility failed to have a completed application with references for one out of five (B) sampled staff.

Findings included:

Observations on at 9:00 AM found Staff B in facility with residents. Staff B was observed cleaning, cooking and preparing residents meals, and assisted residents going to the .

Record review found Staff B (hired) did not have any references listed on her application.

Interview on with the Administrator at 3:15 PM confirmed findings after review, that Staff B did not have any references.

Class III

0189 ADCCs in ALF

Based on observations, record review, and interview the facility failed to provide day services such as social and recreational services to an adult who is not a resident in the facility.

Findings included:

Tour conducted on at 9:10 AM of common area found Participant #7 (Daycare) sleeping on recliner.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	08/04/2015
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE HIALEAH, FL 33018**	

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

Record review of the Daycare Log showed Participant #7 listed as a daycare client admitted on

Observation on revealed Participant #7 seated and taking a nap from 8:00 am to 11:30 AM. Then, Participant #7 was assisted by staff to the . On at 12:00 PM she was assisted to dining table by staff to eat lunch. Next, on at 12:35 PM, Resident #7 finished eating her lunch and seated back into recliner and then asleep. There were no activities offered to Participant #7 during survey process from 9:30 to 3:30 PM.

Interview on at 3:30 PM Administrator acknowledged no activities were offered to Participant #7.

Class III

L243 LMH - Training

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

Finding included:

Record review conducted on of Staff B (hired), Staff C (hired), and Staff D (hired) records showed the staff members did not have documentation of completing a minimum of 6 hours of limited mental health (LMH) training.

Interview on at 3:30 PM the Administrator acknowledged Staff A, B, C did not have the LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
St Db&y Home For The Elderly,
8715 Nw 153rd Terrace
Hialeah, FL 33018

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

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