STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	08/04/2015
NAME OF PROVIDER OR SUPPLIER **SUANY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **20411 SW 116 ROAD** **MIAMI, FL 33189**	

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

0000 Initial Comments

Complaint Survey (CCR #2015007008 and 2015007976) was conducted on and concluded on . Suany's Home had the following deficiencies at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate Manager for each location that the Administrator supervised. The Administrator failed to have proof of high school or GED completion.

Findings as follow:

Record review found the facility's Administrator supervised a total of three locations. The facility failed to appoint a separate Manager for each location. Record review also found the Administrator did not have documentation of high school or GED completion.

On at noon the facility's Administrator acknowledged the facility did not have have the documentation.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have documentation of a negative ( ) examination on annual basis for 1 out of 4 (Staff D) facility Staff.

Findings as follow:

Record review showed the facility failed to have a negative examination documented on annual basis for Staff D. The last examination available for review for Staff D was dated

On at noon, the facility's Administrator acknowledge the facility did not have the documentation.

Class III

0083 Training - First Aid and

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Based on observation, record review, and interview the facility failed to have at least one staff present at all times with the First Aid and training.

Findings as follow:

On at 9:10 a.m. observed Staff B working alone in facility with a census of seven residents.

Record review showed the facility failed to have documentation of the and First Aid training for Staff B (hired on /). Record review also showed Staff C's First Aid and expired on ; Staff D (hired on /) did not have First Aid and training.

On at 12:30 p.m. the facility's Administrator stated Staff B had not received the and First Aid training, yet.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have 3 out of 4 (Staff A,C, and D) facility Staff trained in assisting with self administration of medications with 2 hours of continuing education annually.

Findings as follow:

Record review showed the facility failed to Staff A, Staff C, and Staff D trained in assisting with self administration of medications with 2 hours of continuing education annually. Record review documented the documentation of the last medication training for Staff A was dated / , Staff C dated , and Staff D dated .

On at 12:30 p.m. the facility's Administrator acknowledged that the staff did not have documentation of the training.

Class III

0160 Records - Facility

Based on observation, record review and interview the facility failed to have an up-to-date admission and discharge log listing the names of all residents.

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Findings as follow:

On , at 9:15 a.m. observed Residents #1, #2, #3, #4, #6 #7 and #8, in facility. Review of the admission and discharge record showed residents #6, #7 and #8 did not appear in the admission and discharge record. The facility also failed to have Resident #5 (admitted on) as discharged from facility

On , the facility's Administrator acknowledged the facility had not an accurate admission and discharge log by not including Residents #6, #7 and #8 as admitted to facility and Resident #4 as discharged from facility.

Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have copies of the written informed consent to assist residents with self administration of medications and copies of the residents' contracts with the facility for 3 out of 7 (Residents #6, #7 and #8) facility residents.

Findings as follow:

On , at 9:15 a.m. Residents #6, #7, and #8 were observed in facility.

Record review showed the facility had medication observation records for Residents #6, #7 and #8 signed by facility Staff. Record review showed the facility failed to have a written inform consent from residents to receive assistance with self administration of medications. Record review also showed the facility failed to have executed contracts between Residents #6, #7, and #8 and the facility.

On at 10:00 a.m. Staff #2 stated she assisted with self administration of medications to Residents #6, #7, and #8.

On at 12:30 p.m. the facility's Administrator stated Residents #6, #7 and #8 received assistance with self administration of medications from facility Staff and acknowledged the facility failed to have inform consents from those residents to receive assistance with self administration of medications by unlicensed staff. The facility's Administrator also acknowledged the facility failed to have executed contracts between Residents #6, #7, #8 and the facility.

Class III

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L243 LMH - Training

Based on record review and interview the facility failed to have 2 out of 4 (Staff C and D) trained in Limited Mental Health continuing education training.

Findings as follow:

Record review showed the facility held a Standard License with Limited Mental Health component.

Record review showed the facility failed to have the Limited Mental Health continuing education training (3 hours) for Staff C hired on / and Staff D hired on /.
Record review found the last Limited Mental Health training for Staff C was on and Staff D was on .

On at noon the facility's Administrator acknowledged the facility did not have have the training for the staff.

Class III

Z827 Unlicensed Activity

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care, and meals to a census of seven residents. The facility provided services to residents outside the current license capacity of six.

Findings as follow:

On at 9:15 a.m. facility tour was with Staff B found there were 7 residents in facility.

Residents #4 and #6
Resident #8
Resident #3 and #7
Resident #1 and #2

Staff B stated during the tour the facility had 7 residents that slept there.

On at 9:20 a.m. Resident #4 stated the facility has 8 residents, adding that there were 4 with 2 beds each .

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On at 9:30 a.m. Resident #1 stated the facility used to have 8 residents adding that because one went to the hospital now there are 7.
On at 9:30 a.m. Staff B stated the facility used to have 8 residents but Resident #5 was taken out of facility by family and now is at a rehab center.
Record review found the facility had 7 daily medication observation records for the 7 residents living there.
On at 9:40 a.m. the facility's Administrator stated the facility used to have 8 residents but at present time the census is 7. Adding Resident #5 was taken out to the hospital by family and now is at a rehabilitation center.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Suany's Home
20411 Sw 116 Road
Miami, FL 33189
RE: CCR # (CCR #2015007008 and 2015007976)

Dear Administrator:

This letter reports the findings of a state 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

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