STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966855	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DULCE OCASO	3910 NW 165 STREET MIAMI, FL 33054	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 1, 2015. Dulce Ocaso with Limited Mental Health component had the following deficiencies found at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to provide a complete Health Assessment for 1 out of 6 sampled residents (#6).
Findings included:
Record review on revealed Resident #6's Health Assessment (AHCA Form 1823 / dated) did not include the following: information, diet information, resident requirements and medication assistance information
Phone interview on at 9:30 am the Administrator acknowledged that Resident #6 did not have a completed heath assessment.

Uncorrected Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to obtain a written physician's order for use of a half bed rail for 1 out of 6 (#2) sampled residents.

Findings included:

During the facility tour on at 9:10 am observed Resident #2 had half bed rail attached to his bed.

Record review on revealed Resident #1 did not have any written physician's order or half bed consent for the use of half bed rails.

Interview on at 9:20 am, Resident # 2 stated, "I used the half bed rail every night to sleep, I cannot come out from the bed myself, Staffs always assists me."

During an interview on at 10:56 am, Staff A stated, "Resident #2 sleeps with the half bed rail for security; he needs my assistance to come out of the bed."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966855	R / /
NAME OF PROVIDER OR SUPPLIER DULCE OCASO	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 NW 165 STREET MIAMI, FL 33054	

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

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure mediations were properly stored and secured.

Findings included:

Observation on / / at 9:05 am revealed medication (Equate and Solution 10 g/15 ml) in the refrigerator unlocked. Further observation on / / at 9:09 am revealed a clear bag full of over of the counter medications (Equate , solution and eyes drops/ unlocked) on top of a recliner chair.

Interview on / / at 9:30 am the Administrator stated, "I did not know that I need to locked medication inside the refrigerator."

Uncorrected Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an up to date Admission/Discharge log.

Findings included:

Record review on / / revealed the Admission/Discharge log was not updated. Resident #7 was not written on the Admission/Discharge log. Record review on also revealed the Admission /Discharge log had a Resident that no longer lived in the facility.

Phone interview on / / at 9:30 am with the Administrator confirmed that the Admission/Discharge log needed to be updated.

Class III

0167 Resident Contracts

Based on observation, record review, and interview the facility failed to have an executed contract with 1 out of 6 sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER DULCE OCASO	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 NW 165 STREET MIAMI, FL 33054	

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

Observation on / / at 9:05 am revealed Resident #7 was in bed in #.

Record review on / / revealed Resident #7's Medication Observation Record (MOR) was signed from (8:00 am) to / / (8:00 am). Record review revealed Resident #7 did not have a signed contract.

Phone interview on / / at 9:30 am with the Administrator confirmed that Resident #7 did not have their contract signed because Resident #7 is planning to leave the facility.

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dulce Ocaso
3910 Nw 165 Street
Miami, FL 33054

Dear Administrator:

This letter reports the findings of a Biennial revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com