STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963972	09/01/2015
NAME OF PROVIDER OR SUPPLIER **ROYAL OF KENDALL ACLF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12201 SW 93 STREET** **MIAMI, FL 33186**	

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

0000 Initial Comments

A Complaint Survey (CCR #2015007879) was conducted on / . Royal of Kendal ACLF Inc had the following deficiencies found at time of survey:

0054 Medication - Records

Based on observation, record review, and interview the facility failed to maintain daily medication observation records (MOR) for each resident who receives assistance with self-administration of medications for 3 out 5 (#1, #2 and #3) sampled residents.
Founding included:
On / at 9:00 AM observed Staff B went to the facility office desk and initialed the MOR after the entrance conference.
Observation and record review on / showed that Resident #1's bingo cards were punched on / but the MORs was not initialed by staff for the following medications: 325 milligrams (mg), 1 mg; - 25-100; Sulf 325 mg,
Observation and record review on / showed that Resident #2's bingo cards were punched on / but the MORs was not initialed by staff for the following medications: Thera-Tabs; 25 mg; 10 mg; 25 mg; 75 mg; ER 20 MEQ; Sulf 325 1 mg.
Observation and record review on / showed that Resident #3's bingo cards were punched on / but MORs was not initialed by staff for the following medications: 25 mg; Losartan 25 mg; DR 20 MG; MES 0.5 MG; 0.5 mg; CL ER 10 MEQ; 0.5.
During an interview on / at 11:22 AM, Staff B stated I did not have time to initial the MOR. She stated it was a busy morning with the residents.
During an interview on / at 11:30 AM the facility's Administrator acknowledged that MORs were not initialed by staff. She stated this never happen here we review the MOR all the time.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure 1 out of 2 (Administrator) sampled staff received 2 hours of continuing education training for assistance with self-administration of medications.
Findings included:
Record review on / showed that the Administrator did not have the required annual 2 hours for assistance with self-administration of medication training us. The last training was dated .
During an interview on / at 10:13 AM, the Administrator stated she assisted residents with

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assistance with self-administration of medications, we are two staff only at the facility. She stated I have to do the training.
Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment for residents.
Findings included:
During the facility tour on / at 9:10 AM found # 's with scratched on white paint and board with a black substance. Further observation showed in # had peeling paint near to the window and under the bed drywall with hole.
During an interview on / at exit conference with the Administrator she acknowledged all the deficiencies and stated I have to do some repair at the house but no money. She stated at the end of the month after you pay staff and utilities nothing left.
Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure 1 out 1(# 1) sampled residents had documentation of guardian, health care surrogate, proxy or a power of attorney.
Findings included:
Record review on / showed that Resident #4 (admitted on /) family member(cousin) signed the following documentation's: acknowledgement statement; refund Policy; Exit Policy; Refusal to follow a therapeutic diet; Complaint/ Grievance form; Emergency Contact; Informed consent to provide assistance with medication by unlicensed personal .
During an interview / at 11:04 AM the Administrator contact family member (cousin) of Resident #4 over the phone to requested power of attorney. Administrator acknowledged that file does not have documentation for review. She stated family member will send by fax or email the Power of attorney.
Class III

0167 Resident Contracts

Based on observation, record review, and interview the facility failed to have executed resident contract at the time of admission for 1 out of 5 (#4) sampled residents.

Findings included:

Observation on / during facility tour at 9:10 AM showed Resident #4 was in bed in # .

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Record review on / showed Resident #4 (admitted on /) did no have a copy of the executed contract for care.

During an interview on / at 11:04 AM, the Administrator acknowledged that file did not have a resident contract, the Administrator reviewed record for verification

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Royal Of Kendall Aclf Inc
12201 Sw 93 Street
Miami, FL 33186
RE: CCR #2015007879

Dear Administrator:

This letter reports the findings of a complaing 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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