STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964588	09/14/2015
NAME OF PROVIDER OR SUPPLIER **AILIN LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7005 W 16TH AVE** **HIALEAH, FL 33014**	

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

0000 Initial Comments

A Complaint (CCR#2015007629) Survey was conducted on , 2015. Ailin Living Facility with Limited Mental Health component had the following deficiencies identified at time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview facility's staff did not follow appropriate procedures when assisting with self administration of medication for two out of five sampled residents (#1 and 5).

Findings included:

Observation Medication Pass on at 2:11 PM, Staff C places gloves on her hands, poured a cup of water and walks over to the medication cabinet. Staff C unlocks the medication cabinet and pulled out the bingo for 1 mg tabet. Staff C brought the medication over to the table where the medication book is and then to Resident #5seated at the dining . Staff C punched the tablet in his hand. Staff C did not initials the medication book, then place the bingo back into the medication cabinet and went to kitchen to remove gloves and get a rag to wipe off the kitchen counter.

Observation of Medication Passs for Resident #1 on / at 3:08 PM done by Staff C. Staff C placed gloves on her hands, poured a cup of water, and walked over to the medication cabinet. Staff C unlocked the medication cabinet and pulled out the bingo for 1 mg tabet. Staff C brought the medication over to the table where medication book was and brings the resident #5 to the dining table and punches the tablet in his hand and then did not initials the medication book. Then place the bingo back into the medication cabinet.

Record review of the medicaton administration record (MAR) shows the 1 mg tablet for Resident #5 and SOD DR 500 mg tablet for Resident #1 were not initialed as given.

Interview with care staff on at 4:00 PM stated, "she must have gotten nervous and forgot to initial the book."

Class III

0054 Medication - Records

Based on observation, record review and interview the facility failed to have daily medication record maintained for each resident who receives assistance with self-administration of medications or

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

medication administration two out of five(#1 and 5) sampled residents.

Findings included:

Record review of the medicaton administration record (MAR) shows the 1 mg tablet for Resident #5 and SOD DR 500 mg tablet for Resident #1 were not initialed as given.

Interview with care staff on at 4:00 PM stated, "she must have gotten nervous and forgot to initial the book."

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have a safe environment for the resident living at the facility.

Findings included:

Observations made on during tour at 10:00 AM found a large hole in the exposing wires and the roof.

Observation on at 2:15 PM found Resident #1 in a wheelchair taken to Staff C to assist him with bathing. At 2:53 PM he comes out of , well dressed walking with a little assistance from the owner to sit in the patio. Staff B is then observed goes into cleans it.

On at 3:36 PM with owner and Staff E stated "The other day when it rain really bad the roof was leaking and the ceiling came down in the . I (Staff E) called the insurances so they can come out and now I am waiting from paperwork from the insurance company."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ailin Living Facility
7005 W 16th Ave
Hialeah, FL 33014

RE: CCR #2015007629

Dear Administrator:

This letter reports the findings of a Complaint 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 Kristal Branton, Health Facility Evaluatr Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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