STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	09/21/2015
NAME OF PROVIDER OR SUPPLIER **LADY REGLA CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11935 SW 40 STREET** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Change of Administrator (CHOW) was conducted on 21, 2015. Lady Regla Care had the following deficiencies identified at time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observations, record review and interview the facility failed to provide social and leisure activities to six out of six (#1, 2, 3, 4, 5, and 6) sampled residents according to the posted activities calendar.

Findings included:

Observations made on I/ during tour at 10 AM found the activities calendar posted which stated exercise from 11 AM to 12 PM and from 2 PM to 4 PM. During the entire survey process from 10 AM to 3:00 PM on I/ there were no activities done with any of the residents.

Interview on I/ with the Administrator acknowledge no activities were done with any of the residents and the they did not follow the facilities activity calendar posted.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observations and interview the facility failed to honor one out of six (#6) sampled resident rights to privacy.

Findings included:

Observations made on I/ at 10:30 AM during tour conducted with Staff B found she entered Resident #6's knocking. When Staff B entered the #6 was found sitting and using the bedside commode.

Interview on I/ at 2:45 PM with the Administrator acknowledge finding and state she would retrain her staff.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	**09/21/2015**
NAME OF PROVIDER OR SUPPLIER **LADY REGLA CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11935 SW 40 STREET MIAMI, FL 33175**	

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

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 one out of six sampled residents (#2).

Findings included:

Observations made on / at 1:56 PM of Staff B checks the medication book , takes the keys unlocks the medication cabinet, take out the packs and punches the tablets into a cup. She identifies the resident #2 and then pours the tablet in residents mouth for him. Then initials the medication sheet.

Interview / at 9:40 AM with Administrator acknowledge Staff B should not have pour tablet in residents mouth.

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 medication administration two out of six (#1 and 3) sampled residents.

Findings included:

Record review of the medication record (MAR) shows the Quettiapine 25 mg and Besalute EU 5 mg tablets for Resident #1 and 40 mg, 0.5 mg, 600 mg, 50 mg, 20 mg, 0.5 mg, and Sentralin 100 mg tablets for Resident #3 and SOD DR 500 mg tablet for Resident #3 were not initialed as given.

Interview on / at 2:45 PM with Administrator acknowledge finding after reviewing the medication sheet.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that one out of three (#C) sampled staff had training in ( ).

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

Findings included:

Record review on / showed that sampled Staff C (hired) did not have documentation proving he received the training.

Interview on / at 2:50 PM with the Administrator acknowledge that Staff B did the training but did not have the documentation available for review during survey process.

Class III

0161 Records - Staff

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

Findings included:

Observations made on / at 10:00 AM found Staff B,in facility with resident. Staff B was observed cleaning, cooking and preparing residents meals, assisting residents going to the , and assisting with medpass.

Record review found the staff schedule shows Staff B (hired) works 7 AM to 7 PM and Staff C (hired) works 7 PM to 7 AM daily. Both staff members did not have any references listed on their applications.

Interview on / with the Administrator at 2:50 PM confirmed findings after review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lady Regla Care Inc
11935 Sw 40 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Change of Ownership 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 Evaluator Suepervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

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