STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967199	10/07/2015
NAME OF PROVIDER OR SUPPLIER **CASA BONITA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **931 NE 17 TERRACE** **HOMESTEAD, FL 33033**	

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

0000 Initial Comments

A Standard Biennial Survey and was conducted at on / to . Casa Bonita ALF with Limited Mental Health component had the following deficiencies found at time of the survey:

0025 Resident Care - Supervision

Base on record review and interview the facility failed to maintain a written record, updated as need, of any significant change, any illnesses that resulted in medical attention or other change that result in the provision of additional services for 1 out of 7 (#3) sampled residents.
Findings Included:
On / at 9:10 AM during facility tour showed that Resident #3 was admitted at the hospital on / .
Record review on showed that Resident #3 (admitted on /) did not have updated written record (progress note) for Resident #3's significant. The record did not indicate when Resident #3 was admitted to the hospital or reason why she was transferred from the facility to the hospital.
During an interview on / at 11:56, the Administrator stated I did not have any documentation about change in condition for Resident #3 or the reason why Resident #3 went to the hospital.
Administrator stated that the resident was at the facility and was not feeling well ( ).
She stated Caregiver B called the ambulance to transfer her on / to the local hospital.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to treat 2 out 7(# 2 and #5) residents sampled with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
Findings included:
Observation during the facility tour on at 9:10 AM showed that Resident #2 (admitted on) and Resident # 5 (admitted on) were sleeping in # . Surveyor observed that # did have two single beds. Caregiver B stated that Resident #2 (female) and Resident #5 (male) shared # .
During an interview on at 9:15 AM, Resident #5 stated "I do not have any relationship with Resident #2. He stated sometime she is noisy with her personal belongs but she is good." He stated "I did not chose to sleep with her in the . I do not have option Caregiver B put me to sleep in # with Resident #2 for the last three days. Furthermore at 2:34 PM; Resident #5 stated "Caregiver B moved me to a new # with Resident #2 and I don't know the reason."
During an interview on / at 2:34 PM, the Administrator acknowledged the findings and she

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stated" I did not know that Residents' #2 and #5 (female and male) were sleeping together in the same ." Administrator stated "I don't know the reason why they are sleeping in the same ."
Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to provide proper assistance with self-administration of medication for 1 out of 7 (#1) sampled residents.
Findings Included:
Observation on at 9:30 AM, showed Staff B opened the locked kitchen cabinet. Staff B puts on gloves. Staff B pours water into the glass and prompt resident name and medication name. Staff dropped Resident #1 (admitted on .) Medications: (81 MG one time a day; 58; 12.5 mg one time a day and .850 Mg one time a day) from the bottle one by one to the spoon (one pill dropped on the floor). Caregiver C picked up the pill from the floor and kept it in his hands) Caregiver B gave medication to resident #1 with the spoon in her mouth. Staff B went to the kitchen sinks and start washing dishes. At 9:41 AM surveyor asked where the pill that droops in the floor was. Staff C opened his hands and he stated I have it here to discard.
Record review on found that Medication Observation Record's (MOR) was initialed before staff assisted the resident with self-administration of medication. Staff did not document on the MOR about the pill on the floor. Furthermore review Resident #1 record showed that health assessment (dated ../../..) did stated that Resident #1 did needed assistance's with self-administration of medication and no administration of medication.
During an interview on / / at 9:47 AM; Staff B stated I initialed the MOR early because I went to give the medication to Resident #1 and she refuse at that time (unknown). She stated I did not do it properly because I was nervous.
Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, record review and interview the facility failed to ensure 1 out of 3 (B) sampled staff received 2 hours of continuing education training for assistance with self-administration of medications.
Findings included:
Observation on ../.. at 9:30 AM showed that Caregiver B was assisting Resident #1 with self-administration of medication. Observation found Caregiver B did not accurately assist the resident with self-administration of medication.
Record review on showed that Caregiver B (hired / /) did not have the required annual 2 hours for assistance with self-administration of medication training. The last training was dated

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During an interview on / at 2:00 PM the Administrator acknowledged deficiencies and stated "Caregiver B had the training but I don't know where the certificate was."
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure safe living environment for residents at the facility.
Findings included:
During facility tour on at 9:30 AM showed that there was missing toilet tank handle in the to #. Further observation showed drywall (hole) under the counter kitchen.
During an interview on / at 11:00 AM, Administrator acknowledged the findings. She stated that he will repair the the drywall.
Class III

0162 Records - Resident

Based on observations, record review and interview, the facility failed to execute at or prior to admission a resident contract for 1 out of 7 (#6) sampled residents. Facility failed to have inform consent to assist 1 out of 6 Resident with self administration of medication by unlicensed personnel.
Finding included:
Observation on at 9:10 AM during facility tour observed Resident #6 going in/out from the facility to the patio. Caregiver B assisting Resident #6 with daily living.
Record review on / showed that for Resident #6 (admitted on /), the facility did not execute a contract with the Resident #6 Durable Power of attorney on record was not stamped by a notary. Furthermore observed that inform consent to assist Resident #6 with self-administration of medication by unlicensed personnel was not signed.
During an interview on at 12:07 PM, Administrator acknowledged that in-fact the facility had not executed and entered into a contract with resident #6. She stated daughter did not sign the contract or resident agreement or inform consent to assist Resident #6 with self-administration of medication by unlicensed personnel was not signed. She stated I been calling her but she did not answer.
Class III

Z827 Unlicensed Activitv

Based on observations, record review, and interviews, the facility exceeded its licensed capacity of six beds. The facility had a census of seven residents that were receiving housing, meals, and assistance with activities of daily living.

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Findings included:
On / at 9:10 AM, during the facility tour, seven residents were observed in the home. Caregiver B stated that there were six residents and that the others were day care clients (#4 and #8). Per caregiver B statement, Resident #3 was at the hospital. Further observation, found Caregiver B assisted Resident #4, who was identified as a daycare participant, with breakfast and lunch and he transferred independent to "private ."
Record review on showed that Resident #4 (admitted on / /) identified as daycare participant did have a resident agreement dated / signed by resident and facility administrator.
Further observation showed that Resident #4 was admitted before Resident #3 (admitted on /) was transferred to the hospital on / . Further Record review showed that Resident #3 did not have documentation that Resident #3 was properly discharged from the facility.
During an interview on at 12:30 PM Resident #4 stated "I've been living here for over a year." He stated, "the facility offers breakfast; lunch and dinner and facility staff assist him with self-administration of medication." He stated during interview "I have my ." Resident walked to the " Private ". He stated I slept here every day in this bed (see photo) He stated that is my clothes. He stated I do not go to families' house or go out of the facility to sleep out.
During an interview on at 2:08 PM per facility administrator (friend) come to the facility now and took Resident #4 out with her. Administrator stated I don't know her last name or phone number. Administrator stated that I did not have family or friends phone number to be contacted. She stated he is here during the day and he goes out at nights. She stated he sleep with friends or others. She stated I do not know where he goes after he leaves the facility.
At 2:55 PM facility Administrators stated I admitted that Rresident#4 slept at the facility sometime.
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Casa Bonita Alf Llc
931 Ne 17 Terrace
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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