STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965359	11/12/2015
NAME OF PROVIDER OR SUPPLIER **YESENIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15608 SW 63 TERRACE** **MIAMI, FL 33193**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2015. Yesenia Assisted Living Facility Home had the following deficiencies found at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to have the maximum of two beds per .
Findings included:
During facility tour on / / at 9:30 AM showed that there were four beds in #.
Interview conducted on / / at exit conferences, the administrator stated "Resident's #2 (hospice Resident) , #5 and #6 reside in #_ and one empty bed that was delivered to Resident #1 (hospital bed with full bed rail). Facility administrator stated I have an empty the second floor. She stated I am going to remove one bed immediately."
Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to keep medications locked up at all times for 2 out of 6 (#1 and #2) samples residents.
Findings included:
During the facility tour on / at 9:30 AM found unlocked medication for Resident #2 (admitted on) in #_ (Silver 1% two times). Furthermore inside of the refrigerator contained a clear plastic bag with unlocked two bottles and one box, Medications for Resident #1 (admitted on) 100 U/ Mil inject 6 units daily, 100 unit, inject 20 unit sub-Q at bed

During an interview on / / at 9:45 AM, Staff B acknowledged that medication was unlocked in the refrigerator
During an interview on / / at 10:40 AM with the Administrator confirmed finding and locked medication in secured box.
Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to ensure all over the counter (OTC) medications were properly labeled with the resident's name.
Findings included:
During the facility tour on / / at 9:30 AM found medication unlocked in the refrigerator. Inside of

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the refrigerator contained OTC medication: Suppositories did not have residents' name, direction for use on it and only had the manufacturers label.
During an interview on / / at 10:40 AM, Administrator acknowledged the finding and locked them up.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Yesenia Alf
15608 Sw 63 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state licensure 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

jcj
Enclosure
XG90

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