STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	12/07/2015
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2015. Reyes Home Care #2 had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to ensure that two of seven sampled residents (Residents #2 and #3) had an accurate and completed health assessment with significant change in medical condition.

Findings included:

Observation on at 1:10 pm revealed Resident #2 was assisted with self-administration of medication at time of survey.

Record review on revealed Resident #2's health assessment (Form 1823) stated that she needed administration of medications.

Observations during the tour found Resident #3 sitting on a recliner, she was able to walk, eat, and perform activities.

Record review found Resident #3's health assessment stated she needed total assistance with bathing, dressing, , and toilet.

Interview on / at 1:50 pm revealed Administrator stated, Yes, I need to update Residents #2 and #3's health assessments.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

On the facility finder website stated that the Administrator supervised two assisted living facilities. The facility did not have an appointed a Manager.

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Interview on at 11:17 am the Administrator stated, " I have a manager in the other facility, but I do not have a manager in this facility; I am in charge of this facility."

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview the facility failed to have a completed level II background screening by , 2015 for one of three (Staff B) sampled staff.

Findings included:

On the facility's staffing pattern reflected Staff B worked at the facility for the month of (2015). Record review revealed Staff B (hired) had a level II background screening dated .

Interview on at 1:43 pm the Administrator acknowledged that Staff B needed to update her background screening.

Unclassified deficiency

Z827 Unlicensed Activitv

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to seven of seven residents. The facility provided services to residents outside the current license capacity of six.

Findings included:

Record review on revealed Resident #1 had in her file a "daycare" agreement signed on , 2009 by Resident #1, and it stated, " The client shall be dropped off at 8: 00 and picked up at 8:00 pm."

Observations on at 9:05 am found the facility had seven (7) residents. The facility tour on at 9:05 am revealed Resident #2 was in # with Resident #1, and Resident #2 also confirmed that Resident #1 was her . Further observations on at 9:30 am revealed

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Resident #1 medications were stored in the facility: , 20 mg (8:00 am), 1 mg (8:00 pm), 30 , , 0.03 % nasals (3 times a day), and 2.5 0.2 % eye drops. Resident #1's medication bingo cards had the resident's name and facility address written.
Observation on at 1:00 pm revealed the Administrator was assisting Resident with self-administration of medication (, , 0.03 %) in # .
Interview on at 9:05 am Resident #1 stated, "I live in the facility for about 5 years. I sleep in # with Resident #2, and I have my medications everyday here early in the morning. My clothes are in the closet, the clothes by the right side are mine and left side belongs to Resident #2." Resident #1 stated, " I have seen many people come and leave because I have been living here for five years."
Interview on at 9:15 am Resident #7 stated, "All the people you see in this house, they live here."
Interview on at 1:00 pm Staff A stated, "Resident #1 has been living in the facility for about 4 or 5 years."
Interview on at 1:20 pm the Administrator stated, "Resident #1 is a daycare; however, her family went to a trip, and she is staying here until they come back."

Unclassified deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Reyes Home Care #2
1640 Sw 83 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a standard biennial 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

AMD:ve
Enclosure

XG90

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