STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967175	R
NAME OF PROVIDER OR SUPPLIER **IVES DAIRY SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 10 COURT** **NORTH MIAMI BEACH, FL 33179**	

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

0000 Initial Comments

An abbreviated biennial revisit survey was conducted on , 2016. Ives Dairy Senior Care with Limited Mental Health component had the following uncorrected deficiencies identified at time of the survey:

0053 Medication - Administration

Based on record review and interview, the Assisted Living Facility failed to have a licensed staff member to administer the medications for one (#1) out of four sampled residents.

Findings included:

Review of Resident #1's medication observation records revealed that Resident #1 had Ipratro/Alb 0.5/3 mg 3 ml; use one vial via three times a day and it was scheduled at 8 AM, 2 PM, and 8 PM however it was just initialed at 2 PM and 8 PM. Resident #1 also had Proair HFA 90 mcg; inhale two puffs three times daily and it was scheduled at 8 AM, 2 PM, and 8 PM however it was just initialed at 2 PM and 8 PM. The 2 PM dosage was initialed by Caregiver B and 8 PM dose was initialed by Caregiver A.

In an interview on / at 7:10 AM the Administrator revealed that those medicines were for Resident #1's and she did not need it as much. Administrator stated that staff member administered medicines (and puffs) to Resident #1.

In an interview on at 8:02 AM the Administrator revealed that Caregiver A and Caregiver B were not licensed nurses.

Class III
Uncorrected

0054 Medication - Records

Based on record review and interview, the Assisted Living Facility failed to have updated medication observation records (MORs) for two (#1 and #2) out of four sampled residents.

Findings included:

Review of Resident #1's MORs revealed that Resident #1 had Ipratro/Alb 0.5/3 mg 3 ml; (use one vial

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

via three times a day) and it was scheduled at 8 AM, 2 PM, and 8 PM however it was just initialed at 2 PM and 8 PM. Resident #1 also had Proair HFA 90 mcg; (inhale two puffs three times daily) and it was scheduled at 8 AM, 2 PM, and 8 PM however it was just initialed at 2 PM and 8 PM. The 2 PM dosage was initialed by Caregiver B and 8 PM dose was initialed by Caregiver A.

Review of Resident #2's MORs revealed Resident #2 had 325 mg (tab take two tablets by mouth twice a day) and it was scheduled at 8 AM and 8 PM; it was missing the initials for 8 AM dose on .

In an interview on at 7:10 AM the Administrator revealed that those medicines were for Resident #1's and she did not need it as much. Administrator stated that she understood that they missed 8 AM dose.

Class III
Uncorrected

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967175 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
IVES DAIRY SENIOR CARE	19840 NE 10 COURT NORTH MIAMI BEACH, FL 33179

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025	Correction	ID Prefix A0077	Correction	ID Prefix A0078	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0082	Correction	ID Prefix A0161	Correction	ID Prefix A0165	Correction
Reg. # 58A-5.0191(3) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed
LSC		LSC		LSC	
ID Prefix A0167	Correction	ID Prefix AL243	Correction	ID Prefix AZ815	Correction
Reg. # 58A-5.025 FAC	Completed	Reg. # 429.075(1) FS; 58A-5.0191(8) FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		2/23/14		
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
11/23/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT (11/06) EVENT ID: Q7E412

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ives Dairy Senior Care
19840 Ne 10 Court
North Miami Beach, FL 33179

Dear Administrator:

This letter reports the findings of an abbreviated biennial revisit survey conducted on 9, 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than** _____.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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