STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964820	**02/17/2016**
NAME OF PROVIDER OR SUPPLIER **ISABEL ADULT CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **10300 SW 66TH STREET MIAMI, FL 33173**	

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

0000 Initial Comments

A Monitoring Survey was conducted on . Isabel Adult Care II with Limited Mental Health (LMH) component had the following deficiencies at time of survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have documentation of a health assessment (AHCA Form 1823).for one out of seven (Resident #7) sampled residents.
Findings included:
Record review on ../ showed that there was no documentation that Resident #7 (admitted on) had a health assessment (AHCA Form 1823).
During an exit interview on ../ , the Administrator acknowledged that resident #7 did not have health assessment on record for review. She stated Resident #7 will see the doctor soon.
Class III

0050 Medication - Self Administered Medications

Based on observation, record review and interview, the facility ' s staff failed to follow correct procedures during assistance with self-administration of medication for one out of six sampled residents (Resident#1) .
Findings included:
Resident #1 was observed on at 9:23 AM in the kitchen , where she asked for her medications. Staff C stated "it is on the counter top in a small cup". Staff B walked to the counter, picked up a small cup with a pill in it and put in front of Resdident #1. Further observation revealed that caregiver did not confirm the resident's name or identify the medication names to Resident #1. Staff #C did not observe Resident #1 swallowed the medications
Record review on showed that Resident #1's medication observation record (MORs) was initialed before the resident took the medications.
During an interview on ../ at 9:30 AM interview Resident #1 walked to her got a list of her medication names. She stated "this is what I take every day". She further stated "I have my medication every day. Staff put it in the small cup and I take it."
During the exit conference on , the Administrator stated that Staff C had not had medication training yet, but that Staff C did assist residents with self-administration of medication.
Class III

0054 Medication - Records

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

Based on observation, record review and interview, the facility ' s failed to maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for one out of seven (#1 ') sampled residents.
Findings included:
Record review on showed that Resident #1's (admitted on) medications: 25 mg, one table daily after food; 0.1mg one tablet daily; 50 Mg one tablet daily, 0.25 mg one tablet 3 times a day, 10mgone tablet daily. The medications for Resident #1 had been removed from the card on prior to 8:00 AM and the Medication Observation Record (MOR) was initialed.
On at 9:23 AM, Resident #1 was observed taking her medications.
During the exit interview on , the facility administrator acknowledged that the MOR ' s was initialed before medication was taken by resident.
Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to ensure that one of four sampled staff was prpperly trainind to assist residents with the self-administration of medication prior (Staff #C) providing such assistance).

Findings:

Resident #1 was observed on at 9:23 AM in the kitchen , where she asked for her medications. Staff C stated "it is on the counter top in a small cup". Staff B walked to the counter, picked up a small cup with a pill in it and put in front of Resdident #1. Further observation revealed that caregiver did not confirm the resident's name or identify the medication names to Resident #1. Staff #C did not observe Resident #1 swallowed the medications.
During the exit conference on , the Administrator stated that Staff C had not had medication training yet, but that Staff C did assist residents with self-administration of medication.

Class III

0161 Records - Staff

Base on observation, record review and interview, the facility failed to maintain personnel records for two out of four (C and D) sampled staffs.
Finding included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Observation on showed that at the time of arrival at 8:45 AM, Staff C opened the door. She stated I'm the caregiver.
Record Review on showed that Staff C ' s (hire on) did not have a personnel record for review at the facility. Furthermore review Staff D ' s (unknown hire dated) personnel record did not have a employment application on record for review.
During an interview on / at the exit conference, the facility Administrator acknowledged that employment application for Staff D was missing from his record. She stated he took the application with him. She stated he is on vacation now. She stated he may be scared that someone will use his social security number.
Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have an eligible level II background screening for three out of four (manager, C and D) sampled staff prior to providing care and services to a census of six (6) residents.
Findings included:
Observations on / at 8:45 AM, at the time of arrival Staff B (Manager) and staff C were at the facility assisting residents with daily living activities.
Record review on / showed Staff B ' s (Manager) hired on did have a background screening dated / I. Review background screening website showed that Staff A (manager) result " A new screening is required " ; Staff C ' s (caregiver) hired on did not have a personnel record for review. Review background screening website showed result: No Records were found matching the given criteria " . Furthermore Staff D ' s (unknown date of hire) was scheduled to work the facility staffing posted. Then AHCA background screening database showed that Staff D's result was "Not Eligible " . On at the exit interview, the Administrator and Manager acknowledged that staff needed background screening. Facility Administrator stated I will email a background screening for facility Staffs B (manager) and Staff C (caregiver) by email. The facility manager stated I have problem to get in to the background screening website to printed Staff D background screening result.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Isabel Adult Care II
10300 Sw 66th Street
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a state wellness monitoring licensure survey that was conducted on , 2016 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 , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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