STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966646	03/01/2016
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15678 SW 20 STREET** **MIAMI, FL 33185**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Lidy's Health Care #2 had the following deficiencies found at time of survey:

0007 Admissions - Criteria

Based on record observation, record review, and interview the facility failed to ensure that one out of five (#1) sampled residents met admission criteria.
Finding included:
On at 9:10 AM during facility tour with Staff C was observe in #., Resident #1 ' s in bed with half bed rail screaming "My !" Further observation showed unlocked medication 1% and ointment cream on top of the night stand. The Hospice registered nurse (RN) was sseated at the dining table and was not responding to the resident's expressions of pain.
On at 1:25 PMobserved Staff C in #., assisting Resident #1 with lunch. Resident #1 ' was unable to feed herself. Staff C fed Resident #1. Furthermore was observing that Resident #1 ' s did wear blue protectors, designed for the prevention of in bedbound clients according to the Hospice nurse, on both feet.
Record review on showed that Resident was admitted at the facility on . Facility did not have health assessment on record for review that showed that Resident #1 ' s at the time of admission was able to transfer with staff ' s assistance. There was no documentation in the file that the resident was ambulatory at the time of admission.
During an interview on at 9:25 AM, the Hospice Register Nurse (RN) stated That Resident 1 did have new admission to the hospice program on , four days after the Resident's admission to the facility. The Hospice RN further stated that Resident #1 did have small .
A Review of the Hospice Plan of Care dated / showed that on when admitted to hospice, Resident #1was bedbound, unable to self-reposition on bed,experiencing generalized , rales to both bases. Her skin was warm and dry to touch, of pale color. The resident had a to left 2 cm X 1 cm.
During an interview on at 1:42 PM, Resident #1 ' s son stated that the resident was admitted to hospice because she was transferred from the Hospital to the Assisted Living Facility (ALF) with a and she need a special bed and mattress, as well as nursing care. He stated "I put her in Hospice. She is the healing process."
Interview on / at 2:12 PM phone exit conference, the facility Owner acknowledged that Resident #1 was admitted at the ALF from the hospital. She stated I will contact her son and from today the first day of the month he need looked for a place for his mom. She stated I do not want to have any problem with my ALF.
Class III

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

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure mediations were properly stored and secured all the time.
Findings included:
On at 9:10 AM during facility tour , observed in #, on top of the night stand unlocked medication 1% and ointment cream.
During an interview on at 9:14 AM Staff C (caregiver) stated this medication was here because hospice uses it for Resident #1.
During an exit conference on the facility Owner stated this is not the first time that Hospice has left the medication unlocked. She stated Hospice is not careful with the medication.
Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an accurate and current staff roster in the Background Screening Clearinghouse.
Findings included:
Facility record review showed that the facility had the following staff:
Staff A (administrator) hire on , Staff B (manager) hired on ,
Staff C (caregiver) hired on ,
Staff D (caregiver) hire on / and
Staff E (owner) hired on /
A review of the Background Screening Clearinghouse revealed that the facility had no one listed on its roster as staff.
During an interview at exit conference on , the exit facility owner acknowledged deficiencies found. She stated "I did not know that I need to register staff with the clearinghouse."
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lidy's Health Care #2
15678 Sw 20 Street
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a state 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 Manger

AMD/sb
Enclosure
XG90

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