STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967227	03/08/2016
NAME OF PROVIDER OR SUPPLIER **J H PUIG INVESTMENTS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3144 SW 21 STREET** **MIAMI, FL 33145**	

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

0000 Initial Comments

An Abbreviated survey was conducted on . J H Puig Investments Inc. had the following deficiencies at the time of survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview, the facility failed to have an accurate, updated health assessment for one of five (Resident #1) sampled residents.
Findings included:
Observation on at 11: 42 AM showed that Staff B (caregiver) punch the medications (25 mg, 3 times a day, 0.5 MG, 3 times a day and levo 10-100, 3 times a day). from the 'bingo card' for Resident #1' into her own hands rather than into a cup for the resident. Staff B then put the pills directly into the resident's mouth".
Record review on showed that Resident #1 ' s health assessment (AHCA form 1823) dated / / revealed on section two (B) if the individual needs help taking her medication was marked (NO). Furthermore health assessment also stated that individual need assistance with self-administration of medication and not administration of medication.
During an exit conference on , the facility administrator he acknowledged that staff did administer medication to Resident #1 '. He stated "I know that she did not follow the corrected procedures." He further stated "I have to call the doctor to update the health assessment."
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility violated resident rights by using a full bed rail for one out of six (#1) sampled residents. The resident was unable to get out of bed without staff assistance.
Findings included:
Observation on at 8:55 AM during a facility tour, observed Resident #1 in a bed with an attached full bed rail.
Record review on showed that Resident #1 ' health assessment (AHCA form 1823) dated / / that resident is not receiving hospices services. Furthermore record showed that Resident #1 ' s did have physician order for the use of half bed rail dated / /.
On at 9:05 PM Staff B (caregiver) stated "we attached full bed rail to Resident #1 ' s bed for her safety."
During an exit conference on with facility administrator he acknowledged that Resident #1 ' have a full bed rail attached to her bed. He stated "I did not want her to ."

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Class III

0053 Medication - Administration

Based on record review and interview, the Assisted Living Facility failed to ensure that only licensed personnel administered medications to one out of six (#1) sampled residents.
Findings included:
Findings included:
Observation on / at 11: 42 AM showed that Staff B (caregiver) punch the medications (25 mg, 3 times a day, 0.5 MG, 3 times a day and levo 10-100, 3 times a day). from the 'bingo card' medication dispensation system for Resident #1' into her own hands rather than into a cup for the resident. Staff B then put the pills directly into the resident's mouth".
Record review on showed that Resident #1 ' s health assessment (AHCA form 1823) dated / / revealed on section two (B) if the individual needs help taking her medication was marked (NO). Furthermore health assessment also stated that individual need assistance with self-administration of medication and not administration of medication.
During an interview on at 11:49 AM Staff B(caregiver) stated "I ' m not a nurse."
During an exit conference on with facility administrator, he acknowledged that staff did administer medication to Resident #1.
Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have evidence of negative examinations documented on an annual basis for one out of four (C) sampled staff.
Findings included:
Record review on / showed that Staff C ' s (caregiver) hired on / did not have updated documentation of a negative examination. The last statement on file for Staff C was dated

During an interview conducted on at 2:00 PM, the facility Administrator acknowledged that the test result for Staff C was expired. He stated he would have it available for the follow up survey.
Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have documented resident elopement response drills.
Finding included

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Record review on showed that the facility did not complete at least two elopement response drills. The facility's only elopement drill was on / .
During an exit conference on with facility administrator he acknowledged that only one drill was conducted on 2015. He stated "My consultant will made corrections."
Class III

Z814 Background Screening Clearinghouse

Base on record review and interview, the facility failed to register personnel staff with Background Screening Clearinghouse within 10 business days of employment.
Findings included:

Record review on showed that the facility had Staff A (administrator) hired on , Staff B hired on / and Staff C hired on / were not registered in the Agency for Health Care Administration (AHCA) Background Screening Database Clearinghouse.
On at the exit conference, the Administrator stated " I did not know that I need to register staff with the clearinghouse. My consultant will make corrections."

Unclassified

Z815 Background Screening: Prohibited Offenses

Base on observation record review and interview, the facility failed to have one out four employees (Staff #C) for whom the last Level II Background screening was conducted before |, 2011, rescreened by |, 2015.
Findings included:
Record review showed Staff C (hired /) was on the facility staffing schedule. Further record review showed that Staff C had a level II background screening dated |. Record review revealed that the facility did not have any documentation that Staff C has an updated eligible background screening.
On at the exit conference,the facility Administrator acknowledged that Staff C needed a new background screening.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
J H Puig Investments Inc
3144 Sw 21 Street
Miami, FL 33145

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 Manager

AMD/sb
Enclosure
XG90

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