STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968296	03/23/2016
NAME OF PROVIDER OR SUPPLIER **TIKAS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14822 GARDEN DR** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at Tikas ALF Inc on . There were deficiencies found at time of survey.

0010 Admissions - Continued Residencv

Based on record review and interview the facility failed to ensure they could meet the needs of one out of four (#3) sampled residents with a history of . The facility failed to have two out of four (#1 and #2) sampled residents had completed and dated health assessments.

Findings included:

Observations during the tour of the facility on at 8:30 AM found a resident sleeping with a bed with half bed rails in the staff . The Resident was found to be sleeping in the staff which was connected to the Administrator and her husband's . A resident was assigned to Resident #3.

Interviewed the Administrator on at 4:00 PM, she stated that she sleeps in the the Resident #3 to ensure he doesn't out of the bed because he tries to get up at night and she is is afraid. She said Resident #3 may and hurt himself. The Administrator stated she feels that he needs to be watched during the night. She also stated that Resident #3 's actually across the hall #.

Record reviewed revealed Residents #1 and #2 did not have the date of their last health assessment documented on the form.

Interviewed the Administrator on at 4:00 PM, she stated that the doctor forgot to fill out the last examination section of the form and would the the health assessments corrected by the doctor as soon as possible.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interview the facility failed to offer or provide any activities to the residents.

Findings included:

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Observations the residents on from 11:00 AM to 4:00 PM found staff members did not offer residents any activities during the entire survey.

Interviewed the Administrator on at 12 PM, she stated that the residents usually want to just sleep or watch TV, and she cannot make them join in on an activity if they (residents) doesn't want to.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have one out of three (A and C) sampled employees did not have evidence of a negative examination documented on an annual basis. The facility failed to ensure that one out of three (B) sampled employees had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

Findings included:

Employee record review revealed Employee B did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . Employee A (Administrator) and C (Caretaker) last exam was completed on . The facility failed to have Employees A and C's evidence of a negative examination documented on an annual basis.

Interviewed the Administrator on at 4:00 PM, she confirmed the findings in regards to not having the documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have one out of three (B) sampled employees minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

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Record review revealed Employee B did not have a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Employee B's last training was on .

Interviewed the Administrator on at 4:00 PM, she confirmed Employee B did not have the updated training for assistance with self-administration of medication.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe and clean environment for resident living at the facility at the time of the survey.

Findings included:
Observations on at 8:35 AM of the facility's rear section of the facility had the following:
- a large amount of debris on the back porch
-an old refrigerator, many broken ceramic floor tiles, portable toilets, bath seats and other debris
-The back steps had rotten wood on all three steps leaning to the ground. In the backyard under a large shed area observed a large amount of all sorts of debris
The wall was missing tiles and had no shower curtain only the shower curtain rings were present.
In the kitchen area observed a large black garbage bag in a open container full of garbage without a top.

Observation in # observed two residents sleeping with a portable commode sitting in the middle of the .

In # observed ceiling light and fan was missing a glob to cover the light bulb and on the ceiling an area of peeling paint.

In # the resident's closest had the facility's storage supplies

In the front yard area of the facility observed two wheelchairs sitting on the ground but holding down a black tarp on a cage with two cats inside.

Observed the cats in the cage when the Administrator took off the tarp.

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In the front yard observed an unused walker leaning on a concrete seat.

Observation of the wheelchair ramp at the entrance of the facility, when walking onto the ramp it will give in just a little making the ramp weak with a certain weight of whoever will use it.

Interviewed the Administrator on at 4:00 PM, she confirmed the findings in regards to the areas of the facility are in need of a major clean up. Administrator stated the things found in the rear area of the facility were junk and unused materials which she has told her husband to clean up for a longtime. The mess mainly was his things and not hers and none of the residents go into the backyard.

Class III

0162 Records - Resident

Based on record review and interview the failed failed to have a Power of Attorney, Surrogate, Guardianship, or Proxy in four out of four (#1-4) sampled Residents.

Findings included:

Record review revealed that Residents #1, #2, #3, and #4 contracts and other documents were being signed by the residents' family members. The facility did not have Power of Attorney, Surrogate, Guardianship, or Proxy for the four residents.

Interviewed the Administrator on at 4:00 PM, she confirmed the residents did not have the necessary documents in their charts

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tikas Alf Inc
14822 Garden Dr
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a standard biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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