STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	06/23/2016
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12735 NORTH MIAMI AVENUE MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on [redacted], 2016. Caring Hands Assisted Living (License # 11406) had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview facility failed to ensure that one of two sampled residents (Residents # 2) had an accurate and completed health assessment.

Findings included:

Record review on [redacted] revealed Resident #2 ' s Health Assessment (Form 1823) stated that she needs administration of medication.

Record review on [redacted] revealed Resident #2 ' s Health Assessment did not have height and weight information.

Interview on [redacted] at 11:10 am Resident #2 stated, " I put my [redacted] myself; I am a Nurse, I do it every day twice a day morning and night. "
Interview on [redacted] at 1:27 pm Staff D and E stated, " Resident #2 ' s daughter comes here twice a day to administer the medication; however, when she cannot come, Resident #2 do it herself. " Staff D and E also stated, " We did not know that we were not supposed to be signing for Resident #2 ' s administration on the MOR. "

Class III

0053 Medication - Administration

Based on observation, record review, and interviews the facility failed to ensure that licensed staff members administered medications to one out of five (#1) sampled residents.

Findings included:

Observation on [redacted] at 12:00 pm showed Staff D put the crushed medication ([redacted] 0.5 mg tab) and placed it in a plastic recipient, and Staff D mixed it with shake of fruit. Then, Staff D walked to Resident #1's [redacted] waked her up, and put Resident #1's head up and stated, " Open your mouth to

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give you something to drink." Next, Staff D fed the medication to Resident #1 with a syringe directly to Resident #1's mouth. Staff D did not use of the Medication Observation Record (MOR) and/or explains medication to Resident #1.

Record review revealed Resident #1's AHCA 1823 Form (Health Assessment) dated on / reflected that Resident #1 needed assistance with self-administration of medication.

Interview on at 1:07 pm Staff D stated, " I mashed the medication for Resident #1 because she is somnolent, and it will be difficult for her to swallow it. She usually drinks the pill with no problem. " Staff D also stated, " This is the way we provide the medications to Resident #1, using a syringe. "

Class III

0054 Medication - Records

Based on record observation , record review and interview the facility failed to maintain the Medication Observation Record ' s (MOR) changes in writing for one of three sampled (# 1) residents.

Findings included:

Observation on at 12:00 pm revealed Resident #1 received one medication (Alprozolam 0.5 mg).

Record review on revealed that Resident #1 ' s Progress Notes and/or MOR did not have any information regarding discharged medications on file at the time of the survey.

Record review on revealed that Resident (# 1) had three medications (Alprozolam 0.5 mg, Inhalar 1 vial and Mapap 325 mg) at 12:00 pm.

Interview on Staff D stated, " Resident #1 had only one medication, which is Alprozolam 0.5 mg at noon time." However, Staff D initialized the Inhaler as given on at 8:00 am.
Interview on Staff F stated, " Resident #1 ' s Nurse was here yesterday, and he discharged some medications that is why she had one medication today. "

Class III

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0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a manager for the facility. Facility failed to ensure Administrator Assistance (Manager) provides the same qualifications and/or requirements as the Administrator.

Findings included:

Record review on at Facility Finder revealed facility ' s Administrator was also assigned as an Administrator at Caring Hands Assisted Living Inc.

Record review on at Facility Finder revealed that the facility did not have a manager and/or Assistance manager assigned in the roster.

Record review on revealed that the facility ' s existing staffs did not have same qualifications and/or requirements as the Administrator at the time of the survey. Also, there was not written information that indicated if there was a manager assigned in the facility at the time of survey.

Interview on around 1:30 pm revealed that Staff s D and C stated that Staff A was the Administrator/ manager in the facility at the time of the survey.

Class III

0078 Staffing Standards - Staff

Based on observation and record review the facility failed to have one of five (E) sampled employees' evidence of annual examination documented on an annual basis.

Findings included:

Observation on from 8:47 - 1:56 revealed Staff E cleaning residents ' premises and cooking for the census of three residents.

Record review on to staff E did not have her up to date annual exam documentation at the time of the survey. Residents ' Medication Observation Record (MOR) reflected that Staff E start to work on / /.

Class III

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0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of four (E) sampled staffs.

Findings included:

Record review on revealed Staff E did not have documentation of a minimum of 2 hours of continue education training on providing assistance with self-administration of medications in file a time of survey.

Record review on revealed Staff E signed the Medication Observation Record (MOR) for Residents 1-3.

Interview on at 1:00 pm revealed Staff D and E stated that Staff E assisted with self-administration of medication to the facility ' s Residents.

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to provide an update of the annual sanitation inspection. Facility failed to have an update Emergency Management Plan letter of approval and update menu in the facility at the time of survey.

Findings included:

Observation on at 9:05 am revealed that there was a menu displaced on the board dated on //- -, 2016.

Record review on revealed the Emergency Management Plan Letter of Approval on the bulletin board in the kitchen dated on //.

Record review on revealed that there was a sanitation inspection in the facility administrator record and posted on the board dated on // // at the time of survey.

Observation on / around 1:00 pm revealed that Staff F was searching for the documents through

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the facility file, but she could not find it.

Class III

0161 Records - Staff

Based record review and interview the facility failed to ensure that one of five (E) sampled staff had a complete employment application, with references furnished.

Findings included:

Observation on from 8:47 - 1:56 revealed Staff E cleaning residents ' premises and cooking for the census of three residents.

Record review on revealed Staff E (hire date unknown) did not have employment application and/or references in file.

Record review on revealed Staff E signed the Medication Observation Record (MOR) for Residents 1-3.

Interview on from 8:47 - 1:56 pm Staff E stated, " I have been working here since 1st, covering Staff C who is on vacation, and she will return next week. "

Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to ensure that one of three sampled residents (Residents #2) had a doctor's order to self-administer .

Findings included:

Observation on at 9:30 am revealed Resident #2 had (in the refrigerator).

Record review on revealed Resident #2's Health Assessment (Form 1823) stated, "Needs

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Assistance with Self-Administration of medication."

Recorded review on [redacted] Resident #2 ' s record did not have information regarding who and/or when Resident #2 had her [redacted] administered. However, Resident #2 ' s Medication Observation Record (MOR) indicated that Staff D and F signed as given from [redacted].
Record review on [redacted] Resident #2 ' s record showed a doctor order, which stated, " Lantus U 100 [redacted] / Inject 20-30 units under the skin / Daily as directed per [redacted] protocol dated on [redacted]."

Interview on [redacted] at 11:10 am Resident #2 stated, " I put my [redacted] myself; I am a Nurse, I do it every day twice a day morning and night. "
Interview on [redacted] at 1:27 pm Staff D and E stated, " Resident #2 ' s daughter comes here twice a day to administer the medication; however, when she cannot come, Resident #2 do it herself. " Staff D and E also stated, " We did not know that we were not supposed to be signing for Resident #2 ' s [redacted] administration on the MOR. "

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview the facility failed to ensure one out of five (E) sampled Staff had a Level II background screening.

Findings included:

Observation on [redacted] from 8:47 - 1:56 revealed Staff E cleaning residents ' premises and cooking for the census of three residents.

Record review on [redacted] revealed Staff E ' s initials were on the Medication Observation Record.

Record review on [redacted] revealed Staff E (hired unknown) did not have documentation of the Level II background screening was not on file at time of survey.

Interview on [redacted] at 9:23 am Resident #3 stated, " My medication is in storage, it is clean and dated. Both staffs assist with medications; they are very nice. "

Interview on [redacted] at 9:15 am Resident #2 stated, " I have all I need. This is a nice place to live Staff E is good with medications and Staff D is a good cooker.

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Interview on from 8:47 - 1:56 pm Staff E stated, " I have been working here since , covering Staff C who is on vacation, and she will return next week. I have no training because I just covering Staff C who will come back next week. However, I work cleaning both facilities, from what I know; I do not require a Background screening and/or training. "
Interview on from 8:47 am - 1:56 pm Staff D stated, " I worked the day shift and Staff B night shift. Staff E is covering her; Staff E assists with medications, too. "

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Caring Hands Assisted Living, Inc
12735 North Miami Avenue
Miami, FL 33168

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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