STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967459	06/24/2016
NAME OF PROVIDER OR SUPPLIER LILITA HOME II INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 SW 103 WAY MIRAMAR, FL 33025	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- 06/24/2016 at Lilita Home II, Inc. (License #11518). The facility had deficiencies identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, it was noted that 1 out of 3 employees (Employee B) failed to perform the assistance with self-administration of medication task as required during passing of medication (med/pass) to 1 out 5 residents (Resident #3).

The findings include:

During med/pass on , at 2:00 PM, it was observed that Employee (B) washed her hands, retrieved Resident #2's medications from the medicine cabinet and took a cup filled with water and a spoon to assist the resident with her taking her medication. She put on a glove and she then cut out one of the bubbled plastic container from the pills package and approached Resident #3. After informing the resident of the medication in Spanish, she was observed pushing the pill from the carton into her left gloved hand, then with the right hand she picked up the pill and inserted it in the resident's mouth. She handed the cup of water to the resident and she swallowed the pill with the water. After verifying that the pill was swallowed, Employee (B) signed the Medication Observation Record as advised by her supervisor.

Review of the Health Assessment (AHCA form 1823) for Resident #3 revealed that she was diagnosed of and among others. She also has memory loss issues but is independent with all activities of daily living, except transferring for which she needs assistance. The record revealed that she needed assistance with self-administration of medication.

During an interview with the Administrator on at 2:10 PM, present during the observation, she agreed with the findings and indicated that Employee (B) might have been nervous.

Class III.

0078 Staffing Standards - Staff

Based on record review and interview, 2 out of 3 employees (The Administrator /Employee A & Employee B) failed to have an annually updated record indicating that they were free from

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LILITA HOME II INC.	2451 SW 103 WAY MIRAMAR, FL 33025

SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

During employees' record review on 6/24/16, it was discovered that Employee (B) hired on 5/4/15 had a completed test dated . Review of the work schedule revealed that Employee (B) works Wednesday through Sunday and lives in the facility during that period.

During an interview with Employee (B) on at 1:10 PM, she reported that she cares for five residents at the facility. She indicated that she assists them with all activities of daily living, assists them with self-administration of medication and perform other assigned duties.

Review of the Administrator's record revealed that she too had a test dated . However, there was not an updated test in the record for the year of 2015 and 2016.

During an interview with the Administrator on at around 3:30 PM, she said that she thought she was supposed to have the test done bi-annually. However, she agreed with the findings and provided no additional information.

Class III

0081 Training - Staff In-Service

Based on records review and interview, the facility failed to ensure that 1 out of 3 employees (Employee, B) completed all mandatory trainings required prior to beginning of employment or within 30 days of employment.

The findings include:

During an interview with the Administrator on at about 10:00 AM, she reported that there are three employees at the facility (herself included). She also reported that the current resident census was five. During record review on / , the Administrator was asked to provide the file for Employee (B) and the available records for all her employees.

Review of Employee (B)'s record revealed she was hired on and lives-in at the facility. However, there was no records indicating that she had completed the mandatory training, the Elopement training, the Emergency Preparedness and Evacuation Training, the ADL and Behavioral Needs Training, and the Incident Reporting training.

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During a follow-up interview with the Administrator on 6/24/16 at about 3:30 PM, she did not provide any additional information and stated that the aforementioned trainings will be provided; and she agreed with the findings.

Class III

0090 Training -

Based on records review and interview, the facility failed to ensure that 1 out of 3 employees (Employee, B) had completeed training in the facility Do Not Resusciate Order policy and procedure prior to beginning of employment or within 30 days of employment.

The findings include:

During an interview with the Administrator on at about 10:00 AM, she reported that there are three employees at the facility (herself included). She also reported that the current resident census was five. During record review on , the Administrator was asked to provide the file for Employee (B) and the available records for all her employees.

Review of Employee (B)'s record revealed she was hired on and lives-in at the facility. However, there was no record indicating that she had completed the mandatory training.

During an interview with the Administrator on at 3:30 PM, she agreed with the findings and provided no new information or records.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to maintain on file a substitution menu that reflected its method of menu substitution for 5 out 5 residents at the facility.

The findings include:

During record review on / , it was noted that a menu signed by a dietitian was posted in the facility by the kitchen area. The menu reflected the portion sizes and items to be served daily for five residents that currently reside at the facility.

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During an interview with the Administrator on 6/24/16 at about 11:35 AM, she was asked to provide evidence of her substitutions. She responded that she does not keep a substitution menu; she stated that she usually attached a "post-it" on the menu simply for the day substitution is done on the menu. She further reported that she keeps the dated menus but the substitution she did is not reported thereof. She also confirmed the facility has implemented substitutions to menu since the last relicensure survey.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interviews, the facility failed to maintain an updated employee roster, in the Clearing House for 3 out 3 active employees (Employee A, B, C).
The findings include:
Record review conducted on revealed that the Administrator (Employee A) and two employees (A & B) had completed their background screenings and that they were current. Employee (A) background had an eligibility date of , Employee (B) a date of / and Employee (C) a date of .

However, during a follow-up interview with the Administrator on at 2:00 PM, she said that she did not know that she was supposed to register all employees into the clearing house. Consequently, she did not have any employees registered in the Clearing House.
Review of the Background Screening website to verify the Facility ' s employee Roster on at 5:29 PM, revealed that none of the employees were added on the Roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lilita Home II Inc.
2451 SW 103 Way
Miramar, FL 33025

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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