STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966646	R
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 complaint (CCR#2016004370) survey revisit was conducted on , 2016. Lidy's Health Care #2 (license #10822) with limited mental health component had the following deficiencies identified at the time of the survey:

0054 Medication - Records

Based on observation, record review, and interview, the facility failed to maintain medication observation record (MORs) 1 of 4 (#4) sampled residents.

Findings including:

Observations on at 10:45 AM found the facility had an injection for Resident #4, injection.

Record review found the facility's MOR documented that Resident #4 was receiving the administration of the injection weekly by a nurse.

Interview with the facility's owner on at 11:03 AM revealed the home health agency that administered the injection to Resident #4 had closed and her son was giving her the injections. The owner confirmed that the MOR for Resident #1 was not correct.

Uncorrected Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Facility tour on at 10:02 AM found Staff A in the facility's alone caring for three residents.

Record review found the staff scheduled listed two staff members to work from 7 AM to 7 PM, (Staff B and D).

Observations found Staff B (owner) arrived to the facility on at 10:20 AM with the Administrator

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966646	R **07/13/2016**
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)

(Staff C). The Administrator left shortly after his arrival.

On at 11:16 AM the staff schedule was reviewed with the owner. She stated that Staff A was scheduled to be off but she came in today. She stated she will correct her the schedule to reflect who is working in the facility.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966646 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LIDY'S HEALTH CARE #2	15678 SW 20 STREET MIAMI, FL 33185

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0030	Correction	ID Prefix A0051	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0165	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 7/29/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/2/2016	☐ YES ☐ NO

EVENT ID: MZFU12

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 complaint revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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Miami, FL 33166
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