STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966751	07/06/2016
NAME OF PROVIDER OR SUPPLIER **VICKY'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **12438 S W 266 LANE** **HOMESTEAD, FL 33032**	

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

0000 Initial Comments

An abbreviated biennial survey was conducted on , 2016 and concluded on , 2016. Vicky's Alf with limited mental health component and license number 10893 had the following deficiencies identified at the time of the survey:

0054 Medication - Records

Based on observation, record review, and interview, the Assisted Living Facility failed to have a medication record with correct scheduled hours for assistance with self-administration of medication for one (Resident #2) out of six sampled residents.

Findings included:

Observation on at 2:10 PM revealed that Caregiver A assisted Resident #2 with self-administration of medication of tab 25 mg (help to lower the).

Review of Resident #2's medication observation record revealed that doctor order for tab 25 mg was take 3 tablets every 8 hours (total of 75 mg) but it was scheduled at 6 AM, 2 PM and 8 PM.

In an interview on at 2:15 PM the Administrator revealed that Medication Observation Record with time came like that from the pharmacy.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that one (Resident #2) out of six sampled residents received prescribed medications as ordered.

Findings included:

Observation on at 2:10 PM revealed that Caregiver A assisted Resident #2 with self-administration of medication of tab 25 mg (help to lower the).

Review of Resident #2's medication observation record revealed that doctor order for tab 25 mg was take 3 tablets every 8 hours (total of 75 mg) but it was scheduled at 6 AM, 2 PM and 8 PM.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview on at 2:15 PM the Administrator revealed that Medication Observation Record with time came like that from the pharmacy.

Class III

0079 Staffing Standards - Levels

Based on interview, observation, and record review, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

In an interview on at 10:46 AM the Caregiver A revealed that Caregiver A was alone at the facility because the owner went out.

Observation on at 10:47 AM revealed that Caregiver A was the only caregiver in the facility and there were five residents in the facility; two male residents were sat in the porch (Residents #2 and #5), two female residents (Residents #1 and #6) were in their one male resident was in his (Resident #3).

Observation on at 11:26 AM revealed that Administrator arrived to the facility.

In an interview on at 11:27 AM the Administrator revealed that Administrator was in the morning at the facility but Administrator left after finishing preparing lunch because Administrator had a doctor appointment in Miami.

Review of facility's record revealed that 2016 staffing pattern showed in schedule to work on Administrator from 7 AM- 7 PM, Caregiver A from 7 AM- 7 PM and Caregiver B from 7 PM- 7 AM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Vicky's Alf
12438 S W 266 Lane
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of an Abbreviated 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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