STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967407	07/27/2016
NAME OF PROVIDER OR SUPPLIER **HOSTAL NOSTALGIA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10670 SW 7 TERRACE** **MIAMI, FL 33174**	

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

0000 Initial Comments

A standard biennial survey was conducted on , 2016. Hostal Nostalgia Alf with limited mental health and limited nursing services components and license number 11470 had the following deficiencies identified at the time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on record review and observation, the Assisted Living Facility failed to encourage residents to participate social, recreational, educational and other activities within the facility.

Findings included:

A review of the activity calendar for 2016 posted in the bulletin board in the hallway revealed that for from 2 PM to 4 PM, Bingo was scheduled.

Observation on at 2:36 PM revealed that there were two residents watching TV. At 3:10 PM revealed that no activities were running.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the Assisted Living Facility's caregiver (Caregiver B) failed to follow the identified procedures outlined by the state during assistance with self-administration of medications.

Findings included:

Observation on at 11:27 AM revealed that Caregiver B put Resident #1's pill in a cup and left cup next to Resident #1 without observing the resident take the medication. Caregiver B then initialed the Medication Observation Record (MOR). Resident #1 took the medicines on at 11:34 AM.

Observation on at 11:29 AM revealed that Caregiver B put Resident #2's pill in a cup, and stated " Mira la pastille tuya del dolor " (look, this is your pain medicine).

Observation on at 12:04 PM revealed that Caregiver B assisted Resident #3 with self-administration of medication. Resident #3's pill felt out of the cup, Caregiver B took Resident #3's pill with her hands and put it inside the cup.

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In an interview on at 12: 10 PM Caregiver B acknowledged that she did not read medicine label to Residents #1, #2 or #3.

Review of Resident #1's Medication Observation Record (MORs) revealed that 1 mg tablet, was prescribed for the resident (is used to treat symptoms of Parkinson's , such as stiffness, tremors, muscle spasms, and poor muscle control, also used to treat restless legs). The instructions read: give one tablet by oral route three times a day scheduled at 8 AM, 12 PM, 4 PM.

Review of Resident #2's MORs revealed that MAPAP (treats minor aches and pains, and reduces) 500 mg tablet, give one tablet by oral route once daily at noon while at ALF scheduled at 12 PM.

Review of Resident #3's MORs revealed that (treat and) 0.5 mg, give one tablet three times a day, 8 AM, 12 PM, 5 PM.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the Assisted Living Facility failed to keep medications locked at al times.

Findings included:

Observation at 9:23 AM revealed that medication cabinet in the dining open.

Observation on at 9:26 AM revealed that Caregiver B closed the medication cabinet.

In an interview on at 9:26 AM Caregiver B revealed that she was going to clean the medication cabinet.

Class III

0079 Staffing Standards - Levels

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

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Findings included:

Observation on at 9:23 AM revealed that Caregiver B was the only caregiver in the facility taking care of five residents.

In an interview on at 9:30 AM Caregiver B stated " yes I am alone from Monday thru Friday " . Caregiver B revealed that facility ' s census was five residents.

Observation on at 9:50 AM revealed that Caregiver A arrived.

Reviewed of facility's employee schedule revealed that Employee schedule for 2016 was posted in bulletin board and it showed that Caregiver A worked Monday thru Friday from 8 AM to 5 PM, Caregiver B worked Monday thru Friday 24 hours, Caregiver C worked Saturday and Sunday 24 hours.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Caregiver A) out of four sampled caregivers completed a minimum of two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Review of Caregiver A's personnel file revealed that Caregiver A's last medication training was a four hours medication training completed on 4 .

In an interview on at 11:23 AM Caregiver A revealed that Caregiver A assisted with medications.

Class III

0092 Food Service - General Responsibilities

Based on observation and record review, the Assisted Living Facility failed to ensure that one of three sampled staff responsible for food preparation (Caregiver B) completed one hour in-service training in safe food handling practices.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Observation on at 11:30 AM revealed that Caregiver B was preparing and serving lunch.

Review of Caregiver B's personnel file revealed that there was no evidence of having completed one hour in-service training in safe food handling practices.
Class III

0093 Food Service - Dietary Standards

Based on observation and record review, the Assisted Living Facility failed to have menus as served, with substitutions noted before or when the meal is served.

Findings included:

Observation on at 11:20 AM revealed that food served was: rice with beans, steak, cassava tomato, fruit cocktail.

Review of menu posted in the facility's refrigerator showed for at lunch time: steak or stewed beef (4oz.), rice and beans (1 cup), cassava (1/2 cup), tomato/onion (1 cup), salad dressing (1 T), peaches (1/2 cup).

Review of facility ' s menu revealed that substitution was not documented.
Class III

L241 LMH - Records

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Resident #1) out of five sampled residents had the mental health assessment and community living support plan updated at least annually.

Findings included:

Review of Resident #1 ' s file revealed that last mental health assessment and community support plan were completed on and there was no documentation in Resident #1 's file proving that mental health assessment and community support plan were reviewed annually.

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In an interview on . . . . at 1:39 PM Caregiver A revealed that she mentioned it already to Resident #1 ' s Social Worker.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hostal Nostalgia Alf
10670 Sw 7 Terrace
Miami, FL 33174

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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