STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967303	08/02/2016
NAME OF PROVIDER OR SUPPLIER **SRA CARIDAD RETIREMENT HOME I**	STREET ADDRESS, CITY, STATE, ZIP CODE **10840 NW 1 LANE MIAMI, FL 33172**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on / . Sra Caridad Retirement Home Care with a Standard License #11385 had the following deficiencies found at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview the facility failed to follow the correct procedure when assisting resident with self administration of medications.

Findings included:

On at 8:02 AM observed the bingo cards of two out of six residents (#1 and #3) being assisted with self-administration of medications. Staff C opened the bin and took out the medications, the caregiver place the medications in her hand instead of putting them directly in the small cup.

On / at 8:20 AM when asked why Staff C put the medication on her hand, she stated that she got very nervous that is the reason why she did not follow the procedures, because she follows the procedures every single day when she has to assist the residents with their medication.

Class III

0093 Food Service - Dietary Standards

Based on interviews and observation the facility failed ensure that meals were serve no more than 14 hours elapse between the end of an evening meal containing a protein and the beginning of a morning meal.

Findings included:

On / at 7:45 AM during interview conducted with Residents #1, 2, 3, 4 and 5 revealed that the facility offer only one snack a day at 3:00 PM, breakfast at 8:00 AM lunch at 12:00 PM and dinner at 5:00 PM. We do not receive snack before bedtime they stated.

On / at 10;20 AM during interview with Staff C and D also verified that they offer only one snack every day at 3:00 PM.

On during the survey 7:25 AM to 1:30 PM no snacks were offered to the residents.

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On at 1:30 PM interview with Administrator, he stated that they used to offer snacks to the residents but most of the time they are not interested in getting them because they eat very little.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016
AMENDED

Administrator
Sra Caridad Retirement Home I
10840 Nw 1 Lane
Miami, FL 33172

Dear Administrator:

This letter reports the findings of a Standard 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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