STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12735 NORTH MIAMI AVENUE** **MIAMI, FL 33168**	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 25, 2016. Caring Hands Assisted Living (License # 11406) had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review and interview the facility failed to have an updated health assessment after significant changes in activities of daily living and for Resident #2.

Findings:

Interviewed on at 11:09 am Resident #2 stated, " I put my myself. "
A review of Resident #2 ' s medication observation record (MOR) on showed Resident #2's initials for her daily administration of .
Record review revealed Resident #2 ' s Health Assessment (Form 1823) stated that she needs assistance with self administration of medication.

Record review showed Resident #2 ' s record did not have documentation signed by a doctor that stated that Resident #2 could administer her (herself) at the time of the survey.
Interviewed on at 11:10 am Staff D and E stated that Resident #2 administered her own ; however, there was no documentation that reflected that information in file. Also, interview by phone around 1:00 pm the facility administrator confirmed that there was no documentation in written by a doctor that indicated that Resident #2 could administer her .

Class III
Uncorrected

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have documentation of an eligible Level II background screeningfor Staff F. The facility also failed to have a Compliance with Background Screening Attestation in Staff F ' s file.

Findings included:

Record review on revealed that Staff F was hired on .

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A review of the Background Screening Clearinghouse database reflected Staff F ' s Level II background screening dated on as eligible; however, there was no printed copy in her file at the time of the survey.

Further record review reflected that Staff F did not have an Compliance with Background Screening Attestation in the employee's file at the time of the survey.

Interviewed on at 11:00 am, Staff F confirmed that she did her background screening, but there was no copy of the document at the time of the survey. Also, interviewed by phone, the Administrator acknowledged that Staff was missing her background screeniong result in her file.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Caring Hands Assisted Living, Inc
12735 North Miami Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by 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/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com