STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965068	08/29/2016
NAME OF PROVIDER OR SUPPLIER **CARING HEARTS ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8601 SW 36 STREET** **MIAMI, FL 33155**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on , 2016. Caring Hearts Assisted Living Inc (license # 9661) had the following deficiencies at time of the survey:

0031 Resident Care - Third Partv Services

Based on observation and interview the assisted living facility failed to have the last hospice care plan for three of six sample residents (1,2 and 3).

Findings:

Observation on at 9:30 am revealed that there were three residents under hospice care in the facility at the time of the survey.

Record review revealed that the last care plan was dated from - in residents 1, 2 and 3.

Interviewed on around 1:30 pm, the Hospice ' s nurse stated, " We make the care plan after not before the two weeks, we only make the care plane in advance if we have to go on vacation. "

Class III

0053 Medication - Administration

Based on observation, record review, and interviews the facility failed to ensure that licensed staff members administered medications for three of six (1, 2 and 3) sampled residents.

Findings included:

Observation during lunch on at 12:00 pm showed Staff E Feeding Residents 1 and 2.
Observation revealed that hospice residents (#1 and 2) were not able to take the spoon with their hands.
Record review on revealed that staff D and E initialed the medication observation record for Residents 1,2 and 3 as given.
Interviewed on at approximately 12:00pm, in the facility Hospice ' s nurse stated, " We provide the medications to Residents 1,2 and 3. " However, an interview with staff E stated, " Residents 1,2 and 3 need to be fed, they cannot grab the spoon and take it to their mouth; with medication is the same, however, we match the medications and uses a spoon, to take the medication into their mouths. "
Interviewed on at 12:10 pm the Administrator also confirmed that Staffs D and E assisted

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Residents 1,2 and 3 using a spoon, and Residents 1,2, and 3 were not able to take the spoon themselves.
Interviewed on at 12:20 pm, Staff D also confirmed that Residents 1,2 and 3 cannot take their medications, and facility ' s staffs provide the medications with a spoon.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Caring Hearts Assisted Living Inc
8601 Sw 36 Street
Miami, FL 33155

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

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