RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Time Is Care
19010 Nw 44 Avenue
Opa Locka, FL 33055
RE: CCR #2016006948

Dear Administrator:

This letter reports the findings of a Complaint 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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Miami, FL 33166
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966148	**09/09/2016**
NAME OF PROVIDER OR SUPPLIER **TIME IS CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19010 NW 44 AVENUE OPA LOCKA, FL 33055**	

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

0000 Initial Comments

A Complaint (CCR #2016006948) Survey was conducted on . Time is care with Limited Mental Health component (licensed # 10391) had the following deficiencies at the time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes that resulted in 1 of 6 (Resident #1) sampled resident who was reported as missing to law enforcement. The facility also failed to have police and procedures in for 1 of 6 (Resident #1) sampled residents who have been reported missing to law enforcement.

Findings included:

Interview on at 12:00 pm the Administrator stated, " Resident #1 was lost one time, and it was not even for a day. A policeman and a caseworker brought her back. I did not write any information in her chart, and I do not remember exactly when it happens; it was one or two months ago. I do not remember, and I have no written information regarding the incident."

Interview on at 12:40 pm Resident #1 stated, " I am ; I have been lost two times already, I do not know what is going on with me, I am losing my memory regarding place, the police brings me back, I was really scare. The staffs explain me that I cannot go out without supervision or I will get lost again."
Observation on at 12:40 pm revealed that Resident #1 had no bracelet on her and/or identification.

Record review on found the facility's last incident report was recorded on . Further review found Resident #1's file (progress notes from -) had no information regarding Resident #1's changes in memory or her being unable to remember where the facility is. Record review found a missing/wandering assessment was completed by the facility after Resident #1 went missing two.

Class III

0031 Resident Care - Third Party Services

Based on observation, record review, and interview the facility failed to have care information for a third party provider for 2 of 6 (Resident #2 and #4) sampled residents.

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Findings included:

Observation on at 10:32 am found medications, and Silver 1%, that belonged to Resident #2. Further observations found Resident #2 gauze dressing on the right ankle.

Interview on at 11:17 am Resident #2 stated, "There is a nurse who comes here to see my foot; it is healing. My foot has been like that since I arrive to the facility, it has been almost 4 or 5 months." Interview on at 11:30 am the Administrator stated, "Resident #2 has a nurse who comes here to care his foot. The information is not here right now because the nurse should be carrying it with him, the medications that are in his # belongs to him; it is to cure his ankle."

Record review on revealed Resident #2's health assessment documented Resident #2 had an of right ankle, and he was under care. Further record review found Resident #2's record did not have any care information for the home health.

During the facility tour on at 10:40 am found in refrigerator that belong to Resident #4.

Record review on revealed there was a visitation log form from a home health agency dated - . Record review revealed Resident #4 did not have any documentation that the resident received administration after .

Interview on at 11:00 am Resident #4 stated, "I am dependent, and I have a nurse that comes daily to administer my ."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that the centrally stored medications were kept in a locked in a central storage at all times.

Findings included:

Observation on at 10:32 am revealed that there were medications, and Silver 1%, that belonged to Resident #2 in the # unlocked and unattended.

Interview on at 11:30 am the Administrator stated, " The medications that are in # belong

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to him (Resident #2)."
Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure that 2 of 3 (A and B) sample staff had evidence of negative ( ) exams annually.

Findings included:

On at 11:00 am the facility's staffing pattern showed Staff A and C on schedule.

Record review on revealed Staff A's last test dated _/ on-file at time of survey. Record review revealed Staff C's last test dated on-file at time of survey.

Interview on at 1:00 pm Staff A acknowledged that Staff C and herself did not have an updated test on-file.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:
Observation on at 10:30 am revealed that there were five residents in the facility. Further observation revealed that Residents #4 and #6 were seating at the back porch, and there were a lot of mosquitos. Observation found while the residents were sitting at the back porch, the mosquitos were biting them.
Interview on at 10:30 am with Staff B revealed residents (1-6) always sat on the porch.
Interview on at 11:15 am the Administrator stated, "we have a lot of mosquitos here, even though we fumigate."
Further observations during tour showed a stain in the ceiling of the facility's office and a blue tarp on roof of the facility. There were water stains and broken tiles on the to 2 and 3. The AC area appeared to be unclean and the facility's front yard and backyard's grass was very high.
Class III

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0162 Records - Resident

Based on observation, record review, and interview the facility failed to have a written physician's order for use of for 1 of 6 (Resident #4) sampled residents.

Findings included:

During the facility tour on at 10:40 am found in refrigerator that belong to Resident #4.

Record review on revealed there was a visitation log form from a home health agency dated - . Record review revealed Resident #4 did not have an order in the file at time of survey.

Interview on at 11:00 am Resident #4 stated, "I am dependent, and I have a nurse that comes daily to administer my ."
During an interview on at 1:10 pm the Administrator acknowledged that Resident #4 did not have a doctor order for the use of in the file at time of survey.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on observation, record review, and interview the facility failed to report an initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident for 1 of 6 (#1) sampled residents.

Findings included:

Record review on revealed that the last electronically incident report in the facility was recorded on .
Interview on at 12:40 pm Resident #1 stated, "I am ; I have been lost two times already, I do not know what is going on with me. The police bring me back, I was really scared. The staff explained to me that I cannot go out without supervision or I will get lost again."
Interview on at 12:00 pm the the Administrator stated, "Resident #1 was lost one time, and it was not even for a day. A policeman and a caseworker brought her back. I did not write any information in her chart, and I do not remember exactly when it happens; it was one or two months ago. I do not remember, and I have no written information regarding the incident. I have no information of the caseworker or the police officer either; they did not provide a case number; therefore, I did not send an

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AHCA's electronically incident report, I did not have a police report number, and without it, I cannot do it, the system will not let me do it. "

Class III