RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

Administrator
La Reina Alf
4501 Nw 165 Street
Miami Gardens, FL 33054

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 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 [redacted], 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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Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967437	09/08/2016
NAME OF PROVIDER OR SUPPLIER **LA REINA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4501 NW 165 STREET** **MIAMI GARDENS, FL 33054**	

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

0000 Initial Comments

An Abbreviatted Biennial Survey was conducted on . La Reina ALF (License #11480) had deficiencies found at the time of survey:

0054 Medication - Records

Based on record review, observation, and interview the facility failed to maintain accurate Medication Observation Records (MORs) for 6 out of 6 (#1, #2, #3, #4, #5, and #6) sampled residents. The facility failed to maintain daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications for one out of seven sampled residents (Resident #7).

Findings included:

Record review on at 10:00 AM showed residents #1, 2, 3, 4, 5, and 6's MORs were not initialed by Staff B as given for / at 8:00 PM and for at 8:00 AM. The facility did not maintain daily medication observation record (MOR) for Resident #7.

Medications card review showed the medications for residents #1, 2, 3, 4, 5, and 6 were not in the medications cards for at 8:00 PM and for / at 8:00 AM.

Interview conducted on at 9:50 AM, Resident #7 stated that the staff assist him with his medications.

Interview conducted on at 11:45 AM, Staff B, stated that the residents received their medications but she did not sign the Medication Observation Record.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to keep on file updated documentation of freedom from for one out of three staff (Staff A).

Findings include:

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A review of Staff A's record, showed that there was no current documentation that Staff did not have any signs or symptoms of . The last statement on file was dated .

Interviewed on / at 1:30 PM, the owner stated that Staff A did not have her annual documentation of freedom from in her file.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain an accurate written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings Include:

Observation on at 9:30 AM showed Staff C was in care of the residents and providing personal services to them.

Staffing schedule review showed Staff C was scheduled to be in the facility 7 AM- 7 PM, Staff B was scheduled to be at the facility from 7 AM-7 PM.

Interview conducted on / at 1:30 PM, Staff B stated "I am going to update the staffing schedule."

Class III

Z828 Administrative Fines: Violations

Based on observation, interview, and record review, the facility failed to operate within its licensed capacity of six residents. Seven residents were found living at the site (Residents #1-7).

Findings include:

On at 9:30 AM, observed Resident #7 living in #.

On at approximately 9:35 AM, interviewed Resident #7 and he confirmed that he lived at the facility, and that he had lived there for eight years. The resident further stated that he had taken his medications that morning.

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On [redacted] at approximately 10:00 AM, observed the owner bring Resident #7's medications from an undisclosed location for review when asked.

Record review showed the facility's admission and discharge log did not have Resident #7 marked as a resident, but as a day care participant.

Interviewed on [redacted] at 1:45 PM, Staff C/owner confirmed that Resident #7 was a facility resident.

Unclassified