STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967412	10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLANCA AZUZENA HOME CARE, INC	**12414 SW 252 TERRACE HOMESTEAD, FL 33032**

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

0000 Initial Comments

A change of ownership survey was conducted on . Blanca Azuzena Home Care Inc. with Limited Mental Health component (License #11490) had deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to provide an accurate health assessment (AHCA form 1823) for one of six residents (Resident #2).
Findings:
Record review showed resident #2 is a Hospice resident. Further review showed Resident's #2 Health assessment dated stated resident had a .
Vitas Plan of Care review dated stated resident #2 had No and has a right hip chronic surgical , requiring frequent reposition and care.
On at 1:32 p.m. the Hospice RN stated that Resident #2 had no , and had a chronic surgical due to having contracted (-resistant)
after a hip surgery about 3 years ago. The nurse further stated that this won't close.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview the facility failed to follow the procedure identified by rule and statute when assisting 1 of 6 residents with self administration of medications (Resident #1) .

Findings:

On at 11:58 a.m. Staff E was observed assisting Resident #1 with self- administration of 2:00 p.m. medication (Oxybutinin 5mg.,ordered 1 tab 3 times a day 8 am, 2 pm and 8 pm). The resident was seated at the dining table for lunch. Water was served.
Staff washed her hands, brought the medication to the table, told resident using his name that was going to take his medication, dropped the medication into the resident's hand and observed the resident swallow the medication. Staff E did not identify the medications for the resident or record in the Medication Observation Record (MOR) that the medication was taken.

On at 12:15 p.m. the facility owner acknowledged Resident #1 was assisted to take the medication 2 hours before the prescribed time (2:00 P.M.) The owner also stated Staff E failed to annotate on the MOR that the medication was given.

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Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide documentation that 4 out of 5 staff were free of communicable including ( ) (Staff A, B, C, D).

Findings:

Record review showed that there was no documentation of freedom for communicable including for Staff A (hired on), Staff B (hired on /), Staff C, (hired on), or Staff D (hired on /).

On at 2:00 p.m., the Owner stated the facility had no proof of freedom from communicable including for Staff A, B, C and D.

Class III

0079 Staffing Standards - Levels

Based on observation, record review and interview the facility failed to maintain an accurate written work schedule that reflected its 24-hour staffing pattern.

Findings as follow:

On at 09:50 a.m. Staff E was observed alone in facility with 5 residents.

Record review showed Staff E was not on the staff work schedule.

Interviewed on at 9:55 a.m. Staff E stated that she had been working at the facility for about 2 weeks.

On at 2:00 p.m. the Owner acknowledged that the staff schedule was not accurate.

Class III

0083 Training - First Aid and

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Based on observation, record review and interview the facility failed to have 5 out of 5 staff (Staff A, B, C, D and E) trained in First Aid and ( ).

Findings as follow:

On at 9:50 a.m. observed Staff E in facility, alone with 5 residents.

Record review showed that there was no documentation of the First Aid and trainings for Staff E. Further record review showed that ther ewas no documentation of First Aid and training for Staff A, B, C or D.

On at 2:00 p.m. the facility owner stated that Staff A, B, C, D and E had not received the training yet.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review and interview the facility failed to provide documentation that 5 out of 5 staff were trained in assisting residents with self administration of medications (Staff A, B, C, D and E).

Findings:

On at 11:58 a.m. Staff E was observed assisting Resident #1 with self- administration of 2:00 p.m. medication (Oxybutinin 5mg.,ordered 1 tab 3 times a day 8 am, 2 pm and 8 pm). Staff washed her hands, brought the medication to the table, told resident that was going to take his medication, dropped the medication into the resident's hand and observed the resident swallow the medication. Staff E did not identify the medications for the resident or record in the Medication Observation Record (MOR) that the medication was taken.

Record review showed the facility had no documentation that Staff E had received training regarding assisting residents with self-administration of medication. There was also no documentation that Staff A, B, C, or D had received this training.

On / at 2:00 p.m. the Owner stated Staff A, B, C, D and E had not received the Medication training.

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Class III

0085 Training - Nutrition & Food Service

Based on observation, record review and interview the facility failed to ensure that 5 out of 5 Staff responsible for day to day supervision of residents, including preparation and serving of food, were trained in Nutrition and food service (Staff A, B, C, D and E).

Findings:

On at 10:40 a.m., observed Staff E preparing food for lunch, and at 11:55 a.m. observed Staff E serving lunch to residents.

Record review showed the facility had no documentation of the Nutrition and food service training for Staff A, B, C, D and E.

On at 2:00 p.m. the facility owner stated Staff A, B, C, D and E had not received the Nutrition and food service training.

Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to maintain a personnel record for 1 out of 5 staff (Staff E).

Findings:

On at 9:50 a.m. observed Staff E alone in the facility with 5 residents.

Record review showed the facility had no personnel file for Staff E.

On at 2:00 p.m. the Owner stated Staff E had been working there for about 2 weeks and had no personnel record, including an employment application with references, compliance with background screening, documentation of freedom from , and trainings.

Class III

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L243 LMH - Training

Based on interview and record review, the facility failed to ensure that 5 out of 5 designated staff were trained to work with Limited Mental Health residents (Staff A, B, C, D and E) .

Findings:

On at 9:50 a.m. observed Staff E in facility, alone with 5 residents.

Record review showed that the facility held a standard license with the Limited Mental Health component.

Record review showed the facility had no documentation of Limited Mental Health training for Staff A, B, C, D and E.

On at 2:00 p.m. the Owner, stated that Staff A, B, C, D and E had not received the Limited Mental Health training.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register 2 out of 5 staff on the facility's Background Screening Clearinghouse roster (Staff D and E).

Findings:

On at 9:50 a.m. Observed Staff E, working alone with five residents.

Record review showed that Staff D was listed on the work schedule.

Background Screening Clearinghouse database review showed Staff D and E were not on the facility's staff roster; only Staff A was on the roster.

On at 1:50 p.m. the Owner acknowledged Staff D and E were not on the facility's staff roster in the Background Screening Clearinghouse database, and that Staff E had no eligible Level II background screening.

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Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview the facility failed to ensure that 1 out of 5 staff had an eligible Level 2 background screening prior to caring for residents (Staff E).

Findings:

On at 9:50 a.m. observed Staff E in the facility, alone with 5 residents.

Record review showed the facility had no documentation of an eligible Level 2 background screening result for Staff E.

On at 1:50 p.m. the Owner acknowledged that Staff E had no eligible Level II background screening result because she had not yet had a background screening.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Blanca Azuzena Home Care, Inc
12414 Sw 252 Terrace
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of a Change of Ownership 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

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