STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967448	10/25/2016
NAME OF PROVIDER OR SUPPLIER **CHANEL NURSING CARE ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14111 SW 43 STREET** **MIAMI, FL 33175**	

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

0000 Initial Comments

A standard biennial survey was conducted on 25th, 2016. Chanel Nursing Care Alf, Corp. with limited nursing services and limited mental health components (license number 11496) had the following deficiencies identified at the time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on record review, interview, and observation, the Assisted Living Facility failed to provide an ongoing activities program which included diversified individual and group activities in keeping with residents' needs, abilities and interests.

Findings included:

A review of the facility's records revealed that on / bingo was scheduled from 2 PM thru 4 PM.

In an interview on / at 1:26 PM, Resident #2 revealed that there were no activities in the facility that Resident #2 knew.

In an interview on at 1:28 PM, Resident #5 stated about activities: "Yes but I do what I want by they offer coloring and reading.

A review of the facility's records revealed that activity calendar for the month of 2016 did not offer reading.

On from AM through 2:40 PM , observed that the facility did not offer social, recreational, educational and other activities within the facility.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and record review, the Facility failed to follow the procedures outlined by rule and statute while providing assistance with self-administration of medication for two of five sampled residents (#4 and #2) .

Finding included:

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Observation on 10/25/16 at 8:30 AM revealed that the Administrator assisted Resident #4 with self-administration of medication. Administrator used a teaspoon from the kitchen to measure the solution. The Administrator put three teaspoons of solution in a cup with water. The Administrator continuously asked the resident if resident wanted to take the medicine.

Review of Resident #4's Medication Observation Record (MORs) revealed that there was an order for 10 gm/15 ml sol take one spoon by moral twice a day, and it was scheduled at 8 AM and 8 PM.

Observation on at 2:04 PM revealed that Caregiver D assisted Resident #2 with self-administration of medication. Caregiver D. Caregiver D put two tablets in a little disposable cup and initialed MOR before Resident # 2 took the medicines.

Review of Resident #2's MORs revealed that medicines initialed by Caregiver D were 500 mg tab (management of) scheduled at 2 PM and 1mg tablet (management of) scheduled at 2 PM.

Class III

0054 Medication - Records

Based on record review,and interview, the Facility failed to ensure that Medication Observation Records (MORs) were immediately updated after medication was offered or administered for one out of five sampled residents (#2) .

Findings included:

A review of Resident #2's MOR revealed that D2 1.25 mg (50,000 unit) take one capsule by mouth once a week, medicine was scheduled at 8 AM. The staff initial for / was blank.

In an interview on / at 8:40 AM the Caregiver D stated " I missed it but I gave it. "

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the Assisted Living Facility failed to contact the health care provider and request the revised instructions for "as needed" medications to one (Resident # 4) out of

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five sampled residents. Facility failed to follow doctor order for one (Resident #5) out of five sampled residents.

Findings included:

Observation on at 8:30 AM revealed that Administrator assisted Resident #4 with self-administration of medication. Administrator continuously asked the resident if resident wanted to take the medicines. Resident #5 did not request any medicine; medicines were provided around the clock.

Review of Resident #4's Medication Observation Record (MOR) revealed that Resident #4's orders were for Oxycod/ mg (for treatment of chronic pain) tablet take 1-2 tablets by mouth every 6 hours as needed and for 15 mg (treat pain or) tablet take one tablet by mouth daily as needed. Oxycod/ mg tablet was scheduled at 8 AM, 2 PM and 8 PM while 15 mg tablet was scheduled at 8 AM.

Observation on at 8:05 AM revealed that Resident #5 was in # resting in bed with via nasal cannula and concentrator at 5 liters per minute.
Observation on at 10:42 AM revealed that Resident #5 rested in bed with via nasal cannula at 5 liters per minute. It was showed to Administrator.
In an interview on at 10:43 AM the Administrator revealed that concentrator was graduated by paramedics when they dropped Resident #5 at the facility at the time of Admission.

Review of Resident #5's record revealed that last Health Assessment (AHCA form 1823) completed on and showed that Resident #5 needed assistance with self-administration of medication. There was a doctor order for via nasal cannula at 2 liters per minute when exertion with tubes, portable and concentrator dated .

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview, the Assisted Living Facility failed to label the over the counter (OTC) medications with the resident 's name.

Findings included:

Observation on at 8:10 AM revealed that there was a bottle of natural whole herb saw palmetto

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450 mg (supports and health in men) in the medication cabinet and it was not labeled with a resident's name.

In an interview on at 1:15 PM the Administrator revealed that of natural whole herb saw palmetto 450 mg belonged to Resident #1.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility (ALF) failed to appoint in writing a separate manager for each facility.

Findings included:

A review of Florida Health Finder revealed that Administrator supervised three Assisted Living Facilities.

A review of facility's record revealed that the facility had not appointed, in writing, a Manager.

A review of the three ALF's addresses revealed that facilities were in a of more than 15 miles of each other.

In an interview on at 9:23 AM the Administrator stated "I was explained that I needed a manager in the other two ALFs and I could stay as Administrator here. "

Class III

0079 Staffing Standards - Levels

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

Findings included:

Observation on at 8 AM revealed that Caregiver D was the only caregiver in the facility.

In an interview on at 8:03 AM the Caregiver D stated "I am the only one at the facility now. The administrator is on her way. "

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Observation on 10/25/16 at 8:07 AM revealed that Administrator arrived to facility.

A review of the written work schedule for 2016 revealed that on , Caregivers B and D were scheduled to work from 7 AM to 7 PM, and from 7 PM to 7 AM, the Administrator was scheduled.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, the assisted living facility failed to ensure 1 of 4 staff members (Staff C) had the required training to assist residents with self-administration of medication.
Findings include:
Review of Staff C ' s personnel record revealed that there was no documentation that Staff C's has successfully completed the initial 4 hour training for assistance with self-administration of medication. Further review showed that there was a certificate of completion for 2 hours of training. The certificate lacked the documentation to show whether the instructor was an appropriate provider (Photo obtained).
During an interview on at 10:50 AM, a representative from the institute that provided the 2 hour training certificate stated that the training for " assisting patients with self-medication " was not conducted by a registered nurse or pharmacist.
In an interview on at 10:54 AM the Administrator revealed that Staff C assisted residents with medications.
Class III

0093 Food Service - Dietary Standards

Based on observation and record review, the Facility failed to follow the posted breakfast menu.

Findings included:

Observation on at 8:18 AM revealed that Administrator did not offer to Resident #4 what was on the menu.

On at 8:18 AM the Administrator while talking to Resident #4 stated " What do you want for breakfast? " and Resident #4 answered " Café con leche y las medicinas. " (Coffee with milk and medicines).

Observation on at 8:28 AM revealed that Administrator brought a cup of coffee with milk and a

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cup with water to Resident #4.

Menu posted in the bulletin board for the week started on / and finished on . Menu for had assorted juices, dry cereal or cook cereal, bread, margarine and milk.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview, the Assisted Living Facility failed to ensure that one (Caregiver B) out of seven sampled staff had level 2 background screening results on file.

Findings included:

Record review of Caregiver B's personnel record revealed that proof of background screening results in record at the time of the survey showed eligible on .

A review of the Background Screening Database showed that Caregiver B's last screening was dated / / .

In an interview on at 2:01 PM the Administrator revealed that forgot to bring documentation of the result of the new background screening to the facility.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview, the Assisted Living Facility failed to maintain the an updated roster showing all employees within the Background Screening Clearinghouse.

Findings included:

Review Background screening website for providers showed that facility's employee roster had Caregiver E with hire date on but no ending date; Caregiver F with hire date on / / but no ending date; Caregiver G with hire date on / but no ending date.
In an interview on at 9:15 AM the Administrator revealed that Caregiver E did not work in the facility for more than one year. Caregivers F and G had not worked in the facility for more than two years.

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Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Chanel Nursing Care Alf, Corp
14111 Sw 43 Street
Miami, FL 33175

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
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com