RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

I, 2017

Administrator
Feba Living Care
6120 Nw 2nd Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a state relicensure 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 , 2017.** 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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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964226	**12/08/2016**
NAME OF PROVIDER OR SUPPLIER **FEBA LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6120 NW 2ND STREET MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 08, 2016. Feba Living Care Inc License #8876 with Limited Mental Health component had the following deficiencies identified at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the medication observation record was maintained accurately for five of five (#1, 2, 3, 4, and 5) sampled residents.

Findings included:

Record review found the last time staff had initialed the medication log was on / for Residents #1, 2, 3, 4, and 5 at 8PM. The medications for for 8AM, 12 PM and 8PM were not initialed as given. The medications for for 8 AM were not initialed for all of the residents.

Medication reconciliation conducted on during tour of the kitchen found the packs did not have medications in them for and morning medication for / for any resident.

Interviewed on at 3:00 PM, the Administrator stated, "We were supposed to do it but just forgot."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility Administrator failed to provide documentation of the 12 hours of continuing education in topics related to assisted living facilities every 2 years.

Findings included:

Record review of Staff A's (Administrator) file contained documentation of the last 12 hours updated dated and expired on . Record review of the entire file found other related training done and dated since 2011.

Interviewed on at 4:00 pm, the Administrator acknowledged after review he did not have documentation of the 12 hours of continuing education.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interviews, the facility failed to provide documentation ensuring that one out of four sampled Staff (#B) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review on of Staff B (hired) & Staff D (hired) did not have documentation that she completed the elopement training.

Interview on at 3:30 PM with Administrator after review of file verified Staff B and C did not have the training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview facility failed to have a menu updated and reviewed annually by a licensed dietician and have menus posted conspicuously to residents at the time of the survey.

Findings included:

Observation on at 8:30 AM found the facility's menu posted on the refrigerator the kitchen where resident can not access it.

Observations on at 12:00 PM found no menu posted in dining area where residents were having their lunch.

Interviewed on at 2:30 PM, the Administrator stated "I will put one in this area."

Class III