STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965711	**01/19/2017**
NAME OF PROVIDER OR SUPPLIER **BELLA LUNA RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 128 STREET MIAMI, FL 33176**	

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

Interviewed on 01/09/17 at 8:45 AM the Administrator revealed that Resident #3 slept in Room #3.

Observation on 01/09/17 at 8:46 AM, revealed that in Room #4 there was a urinal container half full with yellow [illegible] and closet was full of male clothes.

Interviewed on [illegible] at 8:46 AM, the Administrator revealed that facility was over capacity by stating "Yes, I think by one."

Interviewed on [illegible] at 8:53 AM, Resident # 6 revealed that she lived in the facility and Resident #7 lived in the facility.

Interviewed on [illegible] at 1:06 PM, the Administrator stated "Yes, I have seven residents."

Reconciliation of Medicines revealed that in the medication cabinet there were medicines for Residents # 1, #2, #3, #4, #5, #6, and #7.

Unclassified

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

0000 - Initial Comments

A complaint (CCR #201601323) survey started on 9th, 2017 and finished 19th, 2017. Bella Luna Retirement Home II, Inc. with limited mental health component and license #10054 had the following deficiencies identified at the time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Assisted Living Facility failed to keep medications locked at all times.

Findings included:

Observation on / at 8:34 AM revealed that there were medicines unlocked in facility's refrigerator. Medicines were Milk of Magnesia, Suppositories, , , and .

Observation on / at 8:39 AM revealed that there were medicines unlocked on top of the kitchen counter. There was a bottle of Megestrol Oral Susp for Resident #3 and a bottle of Sol for Resident #2.

Interviewed on / at 8:39 AM, Caregiver A stated "They are there because we just gave them."

Observation on / at 8:43 AM revealed that there was a bottle of C 500 mg in #'s .

Interviewed on / at 8:43 AM, the Administrator stated that the C 500 mg belonged to "To one of them", referring to the residents.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review, interview, the Assisted Living Facility failed to obtain revised instructions regarding a medication ordered "as needed" for one (#1) out of eight sampled residents. Unlicensed staff was assisting the resident with self-administration of 'as needed' medication without knowing the circumstances under which it would be appropriate for the resident to request the medication.

Findings included:

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Bella Luna Retirement Home Ii Inc
11511 Sw 128 Street
Miami, FL 33176

RE: CCR #2016013023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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 2016013023
XG90

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