STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966672	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **LOURDES ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **14825 SW 82ST** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Complaint investigation (CCR 2017000448) was conducted on . Lourdes ALF (License # 10833) had the following deficiency identified at the time of the visit:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review the facility failed to follow the procedure outlined by the state when assisting 5 out of 5 residents with self administration of medications (Resident #1, #2, #3, #4, #5).

Findings as follow:

On at 6:45 a.m., observed Staff B open the medication cabinet and take out a pill organizer. Each compartment of the pill organizer was labeled with a resident's name, and each contained different pills.

On at 6:45 a.m. Staff B stated that she prepared the pill organizer the night before with each resident's pills.

On at 6:45 a.m. Staff B and C acknowledged the procedure used to assist residents with self administration of medications was not correct.

Record review showed Staff B was not licensed to prepare the pill organizer.

Class III