STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967032	03/20/2017
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA HHC**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 TAMIAMI CANAL ROAD** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2017. Little Havana Hhc (License # 11114) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on record review and interview the facility failed to maintain a written record on the provision of additional services (home health for administration of injection) for 1 out of 5 sampled residents (Resident # 1).

Findings included:

On at 8:40 am the administrator stated Resident #1 was receiving home health services for administration of injections.

Review of the medication observation record revealed that the resident is receiving home health services for administration of Lantus 13 units in the morning.

Review of the home health agency folder revealed that the only documentation available was the admission note from ; there was no documentation of sugar results, no record of the administration of , no plan of care and no physician order for home health.

The administrator stated on at 9:15 am the nurse from the home health agency keeps all the documentation in his car and that he will ask him to place the documentation in the home health agency folder.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to keep a copy of the orders for nursing services and failed to maintain the resident care records for 1 out of 5 sampled resident (Resident # 1).

Findings included:

On at 8:40 am the administrator stated Resident #1 was receiving home health services for

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967032	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **LITTLE HAVANA HHC**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 TAMIAMI CANAL ROAD** **MIAMI, FL 33144**	

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

administration of injections.

Review of the medication observation record revealed that the resident is receiving administration of Lantus . . . . . 13 units in the morning.

Review of the home health agency folder and the resident's record revealed that there was no physician order for home health services available. Also revealed that there was no documentation of sugar results, no record of the administration of . . . and no plan of care and no physician order for home health.

The administrator stated on at 9:15 am the nurse from the home health agency keeps all the documentation in his car and that he will ask him to place the documentation in the home health agency folder.

Class III