STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	07/07/2017
NAME OF PROVIDER OR SUPPLIER **HIALEAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2017- , 2017. Hialeah Alf Inc with limited mental health and limited nursing services components, license #5989, had the following deficiencies identified at the time of the survey:

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on interview and record review, the Assisted Living Facility allow a resident to self administered his . Resident's primary physician indicated that resident needed assistance with self-administration of medication.

Findings included:

An interview on at 12:04 PM the Resident #9 revealed that staff prepared the pen for him. They charged it with the amount of he needed but he injected himself.
An interview on at 12:10 PM the Owner revealed that caregivers the sliding scaled in the outside package. Resident #9 always checked his sugar level by sticking in his finger and put the in the machine.

Review of Resident #9 's health assessment (AHCA form 1823) completed on showed that resident needed assistance with self-administration of medications.
Review of Resident #9's medicine label revealed that Resident received Lantus 25 units every day and by sliding scale 151 mg/dl- 200 mg/dl= 2 units, 201 mg/dl- 250 mg/dl = 4 units, 251 mg/dl- 300 mg/dl= 6 units, 301 mg/dl- 350 mg/dl = 8 units, 351 mg/dl- 400 mg/dl = 10 units and more than 400 mg/dl = 12 units and call physician.

Class III

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

Based on interview and record review, the Assisted Living Facility failed to assist residents with medicines at scheduled time for 15 out of 16 sampled residents.

Findings included:

An interview on at 7:13 AM the Caregiver C revealed that they already finished the medicines scheduled for the morning. Further interview at 7:14 AM stated, "We started medicines at 6 AM with breakfast."

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

Review of Medication Observation Records (MORs) for 15 out of 16 sampled residents revealed that medicines scheduled at 8 AM were initialed by caregivers as given.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

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

Findings included:

Review of Employee work schedule revealed that on Tuesday was scheduled: Administrator worked open hours, Caregiver H was off, Caregiver B worked from 6 AM to 2:30 PM, Caregiver C worked from 6 AM to 12 PM, Caregiver E worked from 8 AM- 5 PM, Caregiver F worked from 3 PM to 9 PM, Caregiver D worked from 7 AM to 4 PM , and Caregiver G worked from 9 PM- 6 AM.

Observation on at 7 AM revealed that there were two caregivers, B and C, in the facility taking care of 15 residents. Further observation at 8:31 AM revealed that Caregiver D arrived to facility.

An interview on at 11:33 AM the Owner stated, "Yes, we need a key" Sometimes we need to move people around.

Class III