STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	R 07/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LADY REGLA CARE INC	**11935 SW 40 STREET** **MIAMI, FL 33175**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 07/19/2017. Lady Regla Care Inc. License #9320 had the following deficiencies identified at the time of the survey:

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

Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule.

Findings:

On at 10:40 AM observed Staff B was the only staff present in the facility.

A Review of the facility's staffing schedule for - revealed Staff B was schedule for Wednesday from 7:00 AM-7:00 PM, and Staff A from 10:00 AM-5:00 PM.

On at 11:30 AM , the Administrator stated "I am scheduled to work from 10:00 AM, but I stepped out to get a few things."

Class III

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

Based on observation and interview the facility failed to keep medication locked at all times.

Findings Include:

On at 10:50 AM, observed unlocked medication in refrigerator. The medication was Blastoestimulina and 650 MG suppositories prescribed for Resident #2.

On at 10:52 AM Staff B Stated "That medication belongs to me, and the other medication belongs to Resident #2. It is in the refrigerator because it needs to be kept . No we do not have a box with a lock to store it."

Class III