STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968498	R 07/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLUTIONS HOME CARE SERVICES II, INC	**16910 SW 119 AVENUE MIAMI, FL 33177**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2017. Solutions Home Care Services II, Inc with license number 12395 had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to updated health assessment for one (Resident #1) out of five sampled residents who required medication administration.

Findings included:

Review of Resident #1's health assessment (AHCA form 1823) completed on showed that Resident #1 needed assistance with self-administration of medication.

Observation on at 7:37 AM revealed Staff Member G stood next to Resident #1's bed holding a cup with apple juice and cereal in her hand. Staff Member G read the medications' names out loud to the Resident while she put the tablets one by one in the disposable cup and placed it in the Resident's mouth.

In an interview on at 7:40 AM Staff Member G stated, "look at his hands, he cannot do it." Further interview at 9:36 AM the Staff Member G stated, "No, I am not a Registered Nurse nor Licensed Practical Nurse."

Class III
Uncorrected

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to have a licensed staff member administering medications to one (Resident #1) out of five sampled residents.

Findings included:

Observation on at 7:37 AM revealed Staff Member G stood next to Resident #1's bed holding a cup with apple juice and cereal in her hand. Staff Member G read the medications' names out loud to the Resident while she put the tablets one by one in the disposable cup and placed it in the Resident's mouth.

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SOLUTIONS HOME CARE SERVICES II, INC	**16910 SW 119 AVENUE MIAMI, FL 33177**

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

Reconciliation of Resident #1's medications revealed they were: , 81 mg tablet, 1 mg tablet, and , 5 mg tablet.

In an interview on at 7:40 AM Staff Member G stated, "look at his hands, he cannot do it." Further interview at 9:36 AM the Staff Member G stated, "No, I am not a Registered Nurse nor Licensed Practical Nurse."

Review of Resident #1's health assessment (AHCA form 1823) completed on showed that Resident #1 needed assistance with self-administration of medication.

Class III
Uncorrected

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

Based on observation, interview and record review, the Assisted Living Facility's failed to immediately updated the Medication Observation Records (MORs) each time the medication is offered or administered.

Findings included:

Observation on at 7:35 AM revealed Staff Member F stood in the kitchen with the Medication Observation Record in front of her initialing medications for the residents.

In an interview on at 7:35 AM the Staff Member F stated, "I am signing for Resident #1's medicines because Staff Member G is giving his medications right now."

Review of Resident #1's Medication Observation Record revealed that medicines scheduled at 8 AM were: , 5 mg tablet, , 81 mg tablet, 1 mg tablet, , 5 mg tablet, 0.5% cream and 50 mg tablet. On at 7:35 AM the Staff Member F initialed them as given.

Class III
Uncorrected