

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968296	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER TIKAS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14822 GARDEN DR MIAMI, FL 33168	

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

0000 - Initial Comments

A complaint survey (CCR # 2017007908) was conducted at Tika's ALF on . This complaint inspection was related to two complaint investigations, CCR# 2017007334 and 2017007889, regarding an undefined facility at 1751 NE 143 Street, North Miami, Florida. Tika's ALF had deficiencies identified at the time of the inspection.

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

Based on interview and record review, the assisted living facility failed to maintain daily medication observation records (MORs) for each resident who receives assistance with self-administration of medication for 5 of 7 sampled residents (Residents # 2, 3, 4, 5 and 7)

Findings included:

A review of medication observation records for the month of , 2017, contained no documentation, with blank MORs for Residents # 2, 3, 4, 5 and 7.

In an interview with the Administrator on at 1:30 PM, she stated that she doesn't document in the MORs because all medications are always given.

Class III

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

Based on observation and interview, the assisted living facility failed to keep resident medication centrally stored and locked at all times for 3 of 7 sampled residents (Residents #2, 4 and 6).

Findings included:

During a tour of the facility on at 1:10 PM, medications were observed unlocked in a china cabinet for Residents # 2, 4 & 6 and loose pills were observed in a bowl on a table.

In an interview with the Administrator on at 1:10 PM, she stated that she normally locks up the medications and that the Agency always comes when the facility is cluttered and she is not prepared for an inspection.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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Z828 - Administrative Fines; Violations - 408.813(3) FS Based on observation, interview, and record review, the assisted living facility exceeded their licensed capacity of 6, with a census of 7 residents. Findings included: In an interview with Participant #1 on _____ at 12:20 PM, she stated that two of the residents who were previously living at her undefined facility, Residents #3 and 7, went to live with the administrator at her licensed location In an interview with the Administrator on _____ at 1:05 PM, she stated, "oh no. I have 7 residents". In an interview at this time, the Administrator stated that Resident #3 was only staying with her temporarily until Resident #3's nephew relocates the resident. In an observation of centrally stored medication, medication was observed for 6 residents (Residents # 1, 2, 3, 4, 5 and 6). In an interview with the Administrator on _____ at 1:15 PM, she stated that Resident # 7's medication was in her personal _____. The Administrator then went into her _____ brought Resident #7's medication to the kitchen area. The Administrator stated at this time, "I know I'm not supposed to have Resident #7". In an interview with the Administrator on _____ at 2:20 PM, she stated that she was talking via text with Participant # _____ regarding residents that were living at the undefined facility. She stated that Participant #1 was on vacation and that Participant #1 frantically called the Administrator and Participant #2 to have them remove the residents from the undefined facility. The Administrator stated that she picked up Residents # 3 & 7 from the undefined facility and brought them to her licensed facility on _____. A review of facility notes documented pulse and _____ for 8 residents on _____ (Residents #1, 2, 3, 4, 5, 6, 7 and 8). Unclassified		