

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A standard biennial survey was conducted on _____, 2017 and concluded on _____, 2017. Vicky's Home ALF with limited mental health component and license #11137 had the following deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure the health assessment (AHCA form 1823) was completed within 60 calendar days before to resident's admission to a facility or within 30 calendar days of the admission date for one (#11) out of 11 sampled residents.

Findings included:

Review of Resident #11's record revealed that here was no health assessment (AHCA form 1823) for Resident #11 in record at the time of the survey. Resident #11's admission date was on _____.

In an interview on _____ at 9:58 AM Staff F stated, "You don't find it because it is not there, the clinic has not finished it."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have a completed health assessment for two (#5 and #6) out of 11 sampled residents.

Findings included:

Review of Resident #5's record revealed that Health Assessment (AHCA form 1823) completed on _____ was blank in the _____ section. It showed in medical histories and diagnoses: _____ It did not specify the _____.

Review of Resident #6's record revealed that Health Assessment (AHCA form 1823) completed on _____ was blank the _____ section. It showed in medical histories and diagnoses: _____ It did not specify the _____.

In an interview on _____ at 10:20 AM, the Consultant revealed that it was hard for the facilities

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
because doctors did not want to specify the Doctors did not want to fill the section if the resident did not have any Class III 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on record review and interview, the Assisted Living Facility failed to maintain an updated written record for one (#10) out of 11 sampled residents who was hospitalized. Findings included: Review of Resident #10's record revealed the last progress note documented by the facility was dated It showed that Resident #10 returned from the hospital with a new medication. There was no other progress note after showing that Resident #10 went to the hospital. In an interview on at 9:51 AM Staff C revealed that according to the MORs (Medication Observation Records) Resident #10 went to the hospital on Class III 0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC Based on interview and record review, the Assisted Living Facility failed to offer and provide social, recreational or educational, and other activities to the residents. Findings include: In an interview on at 7:58 AM Resident #11 revealed that facility did not offer or provide any activities. In an interview on at 8:21 AM Resident #8 revealed that facility did not offer or provide any activities. In an interview on at 8:24 AM Resident #6 revealed that facility did not offer or provide any activities. In an interview on at 8:58 AM Resident #5 revealed that facility did not offer or provide any activities.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an interview on at 9:04 AM Resident #4 revealed that facility did not offer or provide any activities. In an interview on at 11:32 AM Resident #2 revealed that facility did not offer or provide any activities. Review of facility's bulletin board revealed that activities calendar showed on from 2 PM to 4 PM reading to residents. On at 8:28 AM Staff C stated, "They do not like to do activities." Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview, the Assisted Living Facility failed to ensure that each resident's Medication Observation Records (MORs) included any known the resident may have; the name of the resident's health care provider, the health care provider's telephone number for four (#7, #8, #10 and #11) out of 11 sampled residents. Findings included: 1. Review of Resident #7's MORs revealed did not include any known the resident may have; the health care provider's telephone number. Review of Resident #11's MORs revealed did not include any known the resident may have; the name of the resident's health care provider, the health care provider's telephone number. Review of Resident #8's MORs revealed did not include any known the resident may have. Review of Resident #10's MORs revealed did not include any known the resident may have. On at 1:52 PM the Staff C acknowledged the deficiencies that the MORs did not have the required information. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the Assisted Living Facility failed to have medications locked at all times. Findings included: Observation on _____ at 8:08 AM revealed the medication cabinet was unlocked. In an interview on _____ at 8:08 AM Staff D stated, "All residents already took medicines. I just opened it before you arrived to take out a cigarette. I hide them in here." Observation on _____ at 8:11 AM revealed that there was a mini refrigerator outside _____ #1 and #2. The lock was opened. There were unlabeled _____ 650 mg suppositories, unlabeled _____ Solution 1% and _____ 125 mg with for Resident #9. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on observation and interview, the Assisted Living Facility failed to have medications labeled with the residents' name. Findings included: Observation on _____ at 8:11 AM revealed that there was a mini refrigerator outside _____ #1 and #2. The lock was opened. There were unlabeled _____ 650 mg suppositories and unlabeled _____ Solution 1%. In an interview on _____ at 1:50 PM Staff C stated, "The eye drops are mine." Staff C revealed that the suppositories did not belong to someone specific; they just kept them. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, interview, and record review, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: Observation on at 7:56 AM revealed Staff D was the only staff present with a census of 11 residents. In an interview on at 7:56 AM the Staff D stated, "I am alone now because the other person went to the market." Observation on at 8:36 AM revealed that Staff C arrived to the facility. Reviewed the work schedule for 2017 showed on Staff C scheduled for 7:00 AM- 4:00 PM, Staff D scheduled for 7:00 AM-3:00 PM and Staff E scheduled for 12:00 PM-8:00 PM and Staff A was off. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and record review, the Assisted Living Facility failed to note substitutions before or when the meal is served. Findings included: Observation on at 11:10 AM revealed that Staff C and D served Residents #3, #4, #5 and #6 rice with beans (brown), fish casserole (dish made of boiled fish coated in batter and served with a sauce made of oil, garlic, onion, tomato, and spices), French fries, avocado salad, and fruit cocktail. Review of menu showed: steak in sauce (4 oz) rice with beans (brown), white rice (1 cup), beans (1/2 cup), petit pois (1/2 cup), fish casserole (dish made of boiled fish coated in batter and served with a sauce made of oil, garlic, onion, tomato, and spices), mixed salad (1 cup), avocado salad and fresh fruit (1). The facility failed to note substitutions before or when the meal is served on the menu. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the Assisted Living Facility failed to provide on each resident		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
: a closet or wardrobe space for hanging clothes; a dresser, chest or other furniture designed for storage of clothing or personal effects; a table or nightstand, bedside lamp or floor lamp, and waste basket. Facility failed to keep a maximum of two bed per . Findings included: Observation on at 8:13 AM revealed that there were two beds, 1 chest, and one closet. There were no table or nightstand, no bedside lamp or floor lamp, no waste basket in #. Observation on at 9:04 AM revealed that there were 3 beds and 3 dressers in # . There were no closet, no table or nightstand, no bedside lamp or floor lamp, no waste basket in # . One of the dresser missed a drawer and had a hall. In an interview on at 9:04 AM Resident #4 revealed Resident #4 had clothes in the red bag because there was no closet in that the drawers were full. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966999	(X3) DATE SURVEY COMPLETED 08/28/2017
NAME OF PROVIDER OR SUPPLIER VICKY'S HOME ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6402 SW 41 STREET MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC Based on record review and interview, the Assisted Living Facility failed to maintain the eligibility results of employee screening in the employee's personnel file for one out of six sampled staff (Staff B). Findings included: Review of Staff B's personnel record revealed that proof of the eligibility results of employee screening in record showed Review of background screening database showed that Staff B last background screening was on In an interview on at 1:03 PM Staff E revealed that the background screening in file was the most recent that facility had. Unclassified		