STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	R 08/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAO S GROUP HOME CORP	**1443 SW 146TH CT** **MIAMI, FL 33184**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on , 2017. Lao S Group Home corp with limited nursing services and limited mental health components and licence # 12717 had the following deficiencies identified at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the Assisted Living Facility failed to follow the procedures outlined by the state while assisting one out of eight sampled residents with self-administration of medication (#8). Unlicensed staff did not read medicines' names aloud to the resident.

Findings included:

Observation on at 7:59 AM revealed that Staff E assisted Resident #8 with self-administration of medication. Staff E stated to Resident #8 "Take them" while referring to the medicines.

In an interview on at 8 AM, Staff E stated, "Those are Resident #8's morning medicines."

Reconciliation of Resident #8's medicines revealed that Resident #8 took: -Benazep 2.5-10 mg tablet, low dose 81 mg, 1 mg tablet, 10 mg tablet, 25 mg tablet, 75 mcg tablet, 0.5 mg tablet, and Sod 75 mg tablet.

In an interview on at 9:56 AM Staff E revealed that she was not a Registered Nurse or a License Practical Nurse.

Uncorrected
Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure one out of eight sampled residents received medications as prescribed (#8). Based on the above non-compliance, which is an uncorrected deficient practice first cited on , the facility shall be required to employ the consultant services of a licensed pharmacist or a licensed registered nurse.

Findings included:

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

1)
Observation on at 7:59 AM revealed that Staff E assisted Resident #8 with self-administration of medication. Staff E stated to Resident #8 "Take them" while referring to the medicines.

In an interview on at 8 AM Staff E stated, "Those are Resident #8's morning medicines."

Reconciliation of Resident #8's medicines revealed that Resident #8 took: -Benazep 2.5-10 mg tablet, low dose 81 mg, 1 mg tablet, 10 mg tablet, 25 mg tablet, 75 mcg tablet, 0.5 mg tablet, Sod 75 mg tablet.

In an interview on at 9:56 AM Staff E revealed that Staff E was not a Registered Nurse or a License Practical Nurse.

2)
On at 12:05 p.m., observed Staff C assisting Resident # 4 with self administration of 100 mg cap. Staff called Resident # 4 to the dining table, put gloves on without washing her hands, took the pack card and the Medication Observation Record (MOR) from the medication cabinet along with disposable cups, and served water. Staff C did not tell Resident # 4 what she was taking, but instead dropped the medication into the resident's hand and gave the cup to the resident, observed her swallow the medication and then marked in the MOR the medication was given.

On at 12:07 p.m. Staff C admitted she did not follow the correct procedure when she assisted Resident #4 with self administration of medications, stating " everybody commits mistakes when doing this procedure."

On at 12:10 p.m. the Assistant Administrator acknowledged Staff C followed an incorrect procedure to assist the resident with medications.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record reviews and interviews, the Assisted Living Facility failed to appoint two managers. The Administrator was solely responsible for the operation of two facilities.

Findings included:

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	AL11968859	R 08/29/2017
NAME OF PROVIDER OR SUPPLIER **LAO S GROUP HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1443 SW 146TH CT** **MIAMI, FL 33184**	

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

A review of the Florida Health Finder database revealed that the Administrator supervised two Assisted Living Facilities.

A review of the Background Screening Clearinghouse database showed that the facility's employee roster showed Staff F as the Administrator.

A review of facility's records revealed that no manager was appointed.

In an interview on at 8:05 AM Staff B stated, "I was told that I do not need a manager."

Class III
Uncorrected

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.

Findings included:

Observation on at 7:49 AM revealed that Staff E was the only staff on duty. There were five residents in the facility.

Observation on at 7:59 AM revealed that Staff B arrived.

A review of the work schedule for 2017 showed on Staff G scheduled for 8:00 AM-8:00 PM, Staff E was off, Staff B scheduled for 8:00 PM-8:00 AM. There was documentation that Staff G was sick and Staff E covered Staff G on . Staff G and scheduled for 8:00 PM- 8:00 AM on .

In an interview on at 10:47 AM, Staff B revealed that there were some changes in the schedule and Staff B forgot to document them.

Uncorrected
Class III