

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967094	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER TERE'S SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17950 SW 155 COURT MIAMI, FL 33187	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/ . Tere's Senior Care (License #11198) with Limited Mental Health component had the following deficiencies found at the time of the survey:

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

Based on observation and interview the facility failed to follow the correct procedure when assisting 1 out of 3 sampled resident with self-administration of medications (Resident #2).

Findings included:

On at 1:00 PM the Administrator grabbed packet and placed the medication in a small plastic cup. She prepared a cup of water and stated the name of the medication to Resident #2. The Administrator then told the resident "Open your mouth so I can put the medication in" the resident refused and she asked the staff to give it to her in her hand. The administrator insisted that Resident #2 open her mouth to so she can put the medication in her mouth. The resident continued to refuse and she asked the staff to put the medication in her the palm of her hand. The staff placed the medication in the resident's hand and handed her a cup of water. The staff initialed the medication book.

On at 1:10 PM the Administrator stated "We get different versions of how we have to administer the medication, the person that gave us the last training told us we had to administer the medication in the resident's mouth, not in their hands."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of four sampled staff (Staff A).

Findings included:

A review of Staff A's employee files revealed the facility did not have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable

On at 2:13 PM the Administrator stated "The consultant has to have all that paperwork

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967094	(X3) DATE SURVEY COMPLETED 11/01/2017
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER TERE'S SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17950 SW 155 COURT MIAMI, FL 33187
---	--

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

because we already completed all of the required training and the physical exams."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations and record review the facility failed to have the initial medication training for staff members (Administrator, Staff A and D).

Findings included:

On at 1:00 PM the Administrator grabbed packet and placed the medication in a small plastic cup. She prepared a cup of water and stated the name of the medication to Resident #2. The Administrator then told the resident "Open your mouth so I can put the medication in" the resident refused and she asked the staff to give it to her in her hand. The administrator insisted that Resident #2 open her mouth to so she can put the medication in her mouth. The resident continued to refuse and she asked the staff to put the medication in her the palm of her hand. The staff placed the medication in the resident's hand and handed her a cup of water. The staff initialed the medication book.

Record review revealed the Administrator, Staff A and D's last training was dated for 2 hours. The facility did not have proof of the initial 4 hours of medication training.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to provide documentation of a doctor's order for the resident to administer their own and a signed informed consent to assistance with medication by unlicensed personnel for three out of three sampled residents (Resident #1, 2, and #3).

Findings included:

A review of Resident #1's file revealed the resident was admitted on, there was no health assessment available. There was no documentation of the type of assistance Resident #1 needed with administering

On at 11:15 AM the Administrator stated, "Resident #1 is a resident that lived with me before, but he only lived here for a week around, because he was hospitalized for high

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967094	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER TERE'S SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17950 SW 155 COURT MIAMI, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
sugar and he said he wasn't feeling well. He was at hospital, spent about 5 months out of the facility where he went to several nursing home. He came from a nursing home on Friday of last week and he did not bring with the doctor order. He has always administered his own ." A review of Resident #2's file showed the resident was admitted on , health assessment documented the resident requires assistance with self-administered medication. The informed consent to assistance with medications by unlicensed personnel was not signed. A review of Resident #3's file showed the resident was admitted on , health assessment stated the resident requires assistance with self-administered medication. The informed consent to assistance with medication by unlicensed personnel was not signed. Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview the facility with limited mental health license failed to provide evidence of training in Limited Mental Health training for 1 out of the 4 sampled staff (Staff D). Findings included: A review of Staff D employee's file revealed Staff C, hired on , did not have documentation of completed limited mental health training requirement. On at 2:13 PM the Administrator stated "The consultant has to have all that paperwork because we already completed all of the required training and the physical exams." Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967094	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER TERE'S SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17950 SW 155 COURT MIAMI, FL 33187	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an updated roster with employment status of all employees within the background screening clearinghouse database.

Findings included:

A review of the background screening clearinghouse database showed that facility's employee roster did not have any employee's listed in the facility.

On at 2:11 PM the Administrator stated "Yes, we completed all the background screening for the staff, but I do not know if my consultant is aware we have to list them on the roster."

Unclassified