STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	**12/01/2017**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017010962) was conducted at Blessing ALF LLC (License # 12186) on - . Deficiencies were identified at the time of the inspection:

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

Based on record review and interview, the facility failed to maintain an accurate and complete health assessment for three out of six sampled residents (Resident #2, #3, and #5).

Findings included:

A review of Resident #2 and Resident #3' file revealed that on their health assessment there was no indication of if they needed any type of assistance with medication. The area was left blank. Furthermore, Resident #5's health assessment stated "needs medication administration",

On at 9:09 am, observed Staff C placing Resident #3's medications into the resident's mouth.

During an interview on at 12:31 PM, Staff C stated, "I give Residents #1, #2, #5 and #6 their medication in a cup. I put the medication in Resident #3 and 4's mouth. Resident #3 cannot take the medication herself and Resident #4 arm is very weak and she cannot take the medications."

Class III

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

Based on observation and interview, the facility failed to ensure that licensed staff administered medication to one out of six sampled residents (Resident #3).

Findings included:

On at 9:09 AM, Staff C was observed giving medication to Resident #3. Staff C brought a cup containing a mixture of medication to Resident #3, who was sitting on the porch. Staff C put the cup to the Resident's mouth and poured in the medication, then went inside of the facility and placed the cup in the kitchen sink.

A review of the personnel record showed that Staff C was not a licensed health care provider.

During an interview on at 9:12 AM, Staff C stated " I just gave Resident #3 all the medication. I

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put the cup in Resident #3 mouth because she cannot do it. The only medication I don't mix is the one for ." Staff C added " I signed all the medication in the book already before I gave Resident #3 the medication."

During an interview on at 12:31 PM Staff C stated "I give the medication to the residents every morning, for Resident #3 and Resident #4, I put it in their mouth because Resident #3 cannot do it herself and Resident #4 had a week hand."

Record review of the medication book revealed that Staff C and Staff E initialed the medication observation record for Residents 3# and #4.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that all centrally stored medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

During the facility tour on at 9:20 AM, Resident #5' medication Triamicinolone 0.1% ointment, Ophtalmic Solution 0.05%, Similasan Dry eye relief were found on the top of a nightstand in # which was shared with Resident #2. A free standing cylinder was also found in the corner of the .

A review of Resident #5's health assessment dated showed that the resident needed "medication administration."

During and interview on at 9:20 AM, Staff A stated, "They are eye drops. The staff here do it for him. They were supposed to be in the locked cabinet, but the staff did not put it away." Staff A added "The was for a resident who left a long time ago, years ago."

Class III

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

Based on record review and interview, the facility failed to have evidence of a negative

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examination documented on an annual basis for three out of five sampled staff (Staff A, B, and C).

Findings included:

A review of Staff A' personnel file (hired on) revealed that last examination was completed on (expired). Staff B' s last last examination was completed on (expired) and Staff C's last last examination was completed on (expired).

During and interviewed on at 2:44 PM, Staff A stated "I know they are expired, I gave them the paper to do it."

Class III

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

Based on record review and interview, the facility failed to ensure that one out of five Staff completed the required minimum of 2 hours of continuing education training of assistance with self-administration of medications and medication management.

Findings included:

A review of Staff A's personnel file revealed that there was no documentation of an updated medication training for Staff A. The most recent document of the Assistance with Self-administration of Medication training was dated .

During an interview on at 10:25 AM Staff B stated "Staff A is the owner, Staff A also helps with everything in here and Staff A provides care for the residents and gives medication sometimes."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have sufficient emergency drinking water stored for a census six residents.

Findings included:

Observed on at 9:20 AM that the facility had eight of 5 gallons of drinking water in the storage

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closet. The facility had a census of six residents and one staff at the time of the survey , indicating that 54 gallons, or 10.8 five gallon bottles, were needed. The Administrator arrived at 10:18 AM with a five gallon container of water.

Interview on at 9:30 AM with Staff A stated, "My son is out now getting another gallon of water."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean and safe environment free of hazards for residents living at the facility.

Findings included:

During the tour on at 9:15 AM a large nightstand with a broken leg and a smaller one with missing handle which contained the residents' clothes were observed in # . The observed to have black stain on the ceiling and in the shower. The refrigerator's light was blinking on and off. The ceiling in the kitchen and in the common area was found with black dust stain around the vents. Most part of the backyard was covered with debris, a broken toilet, window screen, and a pile of trash.

During an interview on at 9:15 AM, Staff A stated "I have to get rid of it. It is broken. We are still fixing the . We have someone coming to fix it. We will replace it."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have the emergency management plan reviewed annually.

Findings included:

Record review revealed that the facility did not have a current emergency management plan submitted and/or approved annually yet. The last letter of approval was dated and expired on .

Interview on at 1:00 PM with Administrator stated, "I submitted online. I don't have a receipt and I never received anything from them."

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Class III

N276 - LNS - Nursing Services - 58A-5.031(1) FAC

Based on observation, record review, and interview, the facility failed to obtain a license before providing limited nursing services. Unlicensed staff was providing ostomy care to one of six sampled residents (Resident #5).

Findings included:

During an interview on at 01:17 PM Resident #5 stated, "I have a , the employees changed it for me every morning."

During an interview on at 1:52 PM, Resident #5's family member stated "the people at the facility take care of the , and they give him his medications."

During an interview on at 12:31 PM Staff C stated "I was taught a long time ago how to change the bag and clean it. I change the bag sometimes twice a day sometimes three times depending on him. I clean it, then I put the tape and attached the bag." She further stated "when I don't work, Staff D changes it."

During an interview with Staff A on at 03:16 PM "we cut the bag, we measure it, I trained Staff C to do it, to cut the bag and put it in. If I'm there I am doing it, If I'm not, she is doing it." She further added "Resident #5 came in with the order from Vitas Care; Vitas sends the , bag every month for Resident #5."

According to webmd.com a of , care states, "Caring for your ostomy is an important part of maintaining your quality of life. Empty your pouch as needed. Replace your pouching system as needed (usually every 3 to 7 days). This may include measuring your (the exposed section of intestine) and cutting the barrier to size."

Resident #5's past medical history dated 2013 stated . During a doctor visit on , it was noted that Resident #5 "is doing very well, but he has difficulty taking care of his , . On , Resident #5's diagnosis was , , , , , , , and , . On , Resident #5 went to the doctor for "multiple medical problems with medication management. There was no Physician's plan of care of the , .

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On , it was noted on Resident #5' assessment "Skin: no or skin , no suspicious , skin intact." On , it was noted " , bag in place. F/U with as needed." On , it was noted "Skin: , MILD TO BIL LOWER EXTREM SCRATCHES, dry no open sores." On , it was noted "skin: , RLQ, intact, pink, skin tags to bag, no , nontender, good , no ." Last doctor visit on noted "THE ITCHING STARTED WEEKS AGO AND IT CONSTANT; THE ITCHING IS DESCRIBED AS RIGHT SIDE ; THE SEVERITY OF THE ITCHING IS MODERATE; AGGRAVATING FACTORS INCLUDE PERSISTENT SCRATCHING; OVERALL CONDITION IS WORSENING." The medical history included: , status, , of , unspecified site, and surgical history , . Medications: Low Strength 81 mg tablet Delayed Release 1 tablet Orally once a day, - 1-0.05% Cream 1 application to affected area Externally twice a day, 5% Patch 1 patch to skin remove after 12 hours Externally once a day, 25 mg tablet 1 tablet Orally once a day, 10 mg tablet 1 tablet orally once a day, Diphenydramine 25 mg capsule 1 capsuleas needed orally twice a day, , , 5 mg tablet orally once a day, 0.1% 1 application to affected area Externally twice a day, , 25 mg tablet 1 tablet orally twice a day, Trazocone 50 mg tablet 1 tablet at bedtime orally once a day, 100 mg capsule 1 capsule as needed orally twice a day, , 0.25 mg tablet 1 tablet orally at bedtime. Skin: MID ABD BAG WITH MILD TO SURROUNDING SKIN, NO OPEN SORES. STATUS: STABLE F/U WITH , CONTINUE WITH CARE.

During an interview on doctor office staff stated "next appointment is on , last time we saw Resident #5 was for itchy and right side pain on and for the , the doctor put stable, follow up with and Continue with , care."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview, the facility failed to provide documentation of a signed Attestation of Compliance with Background Screening for five out of five sampled staff (Staff A, B, C, D, and E).

Findings included:

Review of the staff's personnel file, revealed that Staff A, B, C, D, and E did not have a signed Attestation of Compliance with Background Screening.

On at 3:30 PM, Staff A acknowledged that none of the staff had the attestation letter on file.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to provide documentation of an updated eligible level II background screening record for three out of three sampled staff (Staff C).

Findings included:

A review of Staff C's personnel record (hired) showed a level II background screening dated on file, which expired in on .

Interviewed on at 2:30 PM, Staff A acknowledged that the background screening was not updated.

Unclassified