STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	R **12/26/2017**
NAME OF PROVIDER OR SUPPLIER **KELLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10410 SW 127TH AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR#2017007943) was conducted on 12/27/2017. Kelley ALF with a standard license # 10880 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 procedures outlined by the state when assisting one out of six sampled residents residents with self-administration of medications (Resident # 4).

Findings included:

On at 8:43 AM, observed that Staff C failed to wash her hands, and she did not wear gloves while assisting Resident # 4 with self-administration of medication. Also observed that Staff C punched the medication from the card into her bare hand, then gave the medication to Resident # 4. Staff C failed to tell the name of the medication to the resident and failed to observe the resident swallow the pills.

On at 8:45 A.M., the Administrator observed Staff C assisting the resident with self-administration of medications. She acknowledged the deficiency and stated Staff C was nervous.

Class III

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

Based on observation and record review, the facility failed to have accurate medication records for one out of six sampled residents (Residents #4).

Findings included:

On at 8:43 AM, observed that Staff C failed to wash her hands and she did not wear gloves while assisting Resident # 4 with self-administration of medication.

A review of Resident #4's medication observation records (MORs) showed that all the medications listed (; ;) were initialed for and in advance for .

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to completed an adverse incident report for one of six sampled residents, who was hospitalized four times in three days due to changes in her condition (Resident #6).

Findings included:

A review of facility records and the incident report database showed that there was no incident report regarding Resident #6's hospitalizations on , and .

On at 10:40 AM, the Administrator stated, "I did not file an incident report with the agency"

Class III