

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911036	(X3) DATE SURVEY COMPLETED 01/10/2018
NAME OF PROVIDER OR SUPPLIER CHARITY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 461 EAST 31ST STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on _____ and concluded on _____. Charity Care Inc. with Limited Mental Health component, License #5892, had the following deficiencies found at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to have progress in file for one out of 11 sampled Residents (Resident #3).

Findings included:

A review of the the resident's record revealed Resident #3 had no progress notes on file.

During the exit interview on _____ at 2:27 PM Staff A stated, "I called the doctor and did everything I am only missing the notes."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on interview and record review, the facility failed to ensure that the Home Health Agency provided documentation for _____ administration for one (#1) out of 11 sampled residents.

Findings included:

Interview on _____ at 7:32 AM Staff A revealed Resident #1 received _____ administration by a nurse from a home health agency.

Review of Resident #1's record revealed Resident #1 received _____ administration with a home health agency. The last documentation in record was dated _____ in the afternoon. Resident #1 received 26 units _____ of _____ in the afternoon.

Class III

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

Based on observation, record review, and interview, the facility failed to follow the proper procedures when providing assistance with self-administration of medications for one (Resident #9) out of nine

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sampled residents. Findings included: On at 6:54 AM during the facility tour, a medication cup containing several pills was observed in # on Resident #9's nightstand. Review of Resident #9's record revealed the Medication Observation Records (MORs) was initiated by Staff C. During an interview on at 6:54 AM Staff C stated, "I gave the medication to Resident #9 this morning at six, Resident #9 did not take it." Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to keep centrally stored medications for the residents locked at all times. Findings included: During the facility tour on at 06:44 AM, the medication observed to have no doors and the medication cabinet doors were unlocked and wide open. During an interview on at 6:46 AM, Staff C acknowledged the medication's cabinet doors were wide open and unlocked. Staff C proceeded to close the doors and inserted the lock in the hook, but did not completely lock the cabinet's door. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period Findings included: On at 6:40 AM Staff C answered the door and assisted with the facility's tour. Staff D was in		

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the kitchen preparing breakfast and serving breakfast to the residents. Review of the facility's staffing pattern revealed on Staff G was scheduled to work 6:00 PM - 6:00 AM , Staff C was scheduled to work 6:00 AM - 3:00 PM, Staff D was scheduled to work 6:00 AM - 6:00 PM, Staff E was scheduled to work 8:00 AM - 4:00 PM, and Staff B was scheduled to work 9:00 AM - 5:00 PM. On at 7:42 AM Staff A stated, "the other caregiver is coming late. I am here today because Staff B is on vacation." On at 8:19 AM Staff F walked in the facility. Staff A stated "I called Staff F to come to work because the other lady was not here." Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and interview, the facility failed to ensure that one out of eight sampled Staff (Staff H) completed a one-time education course on / . Findings included: Review of the facility's files revealed Staff H hired on did not proof of completing a course on / on file. During the exit interview on at 2:27 PM Staff A stated, "The training is my fault because Staff H had the core training I thought Staff H did not need it." Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, the facility did not ensure that one out of eight sampled staff (Staff G) received adequate training on the facility's policies and procedures regarding (). Findings included: Record review revealed Staff G, hired on , received 1 hour Training		

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on . During staff interview on at 8:44 AM Staff G stated, "I don't know what is." Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, record review, and interview, the facility failed to follow the menu and failed to add substitutions to the menu prior to lunch being served to the residents. Findings included: On at 7:00 AM during breakfast some Residents were observed eating cereal with milk and others had toast and coffee with milk. Record review revealed the breakfast menu stated "assorted juices 4 oz, dry cereal ¾ cup of hot cereal ½ cup, bread 1 slice, margarine 1t, milk 8 oz." During an interview on at 7:03 AM Resident #6 stated, "we did not have toast, only cereal, it is either cereal or toast. Lunch observations on at 12:00 PM revealed the residents were served noodle soup, white rice, chicken, tomato, carrot, sweet potato, jelly, a cup of water. A review of the menu revealed lunch stated, "Baked Chicken 4 oz, Potatoes 1 cup, Mixed vegetable 1 cup, Mixed Salad 1 cup, salad dressing, Pears ½ cup." The facility did not document substitutions to the menu. During the exit interview on at 2:27 PM, Staff A acknowledged that the menus were not followed. 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 safe living environment free of hazards to the residents and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.		

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Findings included: During the facility's tour on at 6:44 AM, a large cockroach was observed on the dining . . . , and another one was observed in # 's . The . . . in the common area was observed to have peeling wall paper and a rusted commode. The armoire door in . . . # was broken. The medicine cabinet in the . . . to # was broken and the wall paper was peeling. During the exit interview on at 2:27 PM, Staff A stated "I have a pest control person that comes here every month ." Staff added later one "I am in the process of renovating the facility." Class III 0160 - Records - Facility - 58A-5.024(1) FAC Base on record review and interview, the facility failed to maintain an up-to-date admission and discharge log. The facility also failed to have an updated Comprehensive Emergency Management Plan Letter of Approval. Findings included: Record review of the admission and discharge log on revealed that it was not updated. There was one resident on the log that was discharged, but the log reflected that the resident was still in the facility. Furthermore, the log did not identify the Limited Mental Health (LMH) residents in the facility. During an interview on at 11:04 AM, Staff A stated "the resident was discharged, the LMH resident are the DCF residents." A review of the facility's record revealed that the Comprehensive Emergency Management Plan Letter of Approval was dated was expired. Staff A provided receipt dated Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have a completed Health Assessment and maintain an up-to-date demographic data for one out of 11 sampled Residents (Resident #2).		

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Findings included: A review of the the Residents' record on revealed that the Nursing treatment/ , , service requirements on Resident #2's Health Assessment was left blank and the emergency phone number for Resident #2 was not updated. During an attempt to complete a family interview for Resident #2 on at 09:43 AM, we found that the phone number listed on the demographic sheet was disconnected. Class III		