STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Reyes Home Care #2 (AL 11271) had the following deficiencies identified at time of the survey:

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview the facility failed to follow the doctor's orders for 1 out of 6 (Resident # 2) sampled residents.

Findings as follow:

On at 12:03 p.m. observed Staff B assisting Resident #2 with self-administration of 0.3 % nasal use.

Resident #2's medication observation record (MORs) showed the order stated 1 spray in each nostril every 6 hours, 8 am, 12 pm, 4 pm, and 8 pm. The MOR showed the medication was given every 4 hours.

On at 1:00 p.m. the Administrator stated she was not aware that the pharmacy sent the wrong administration time printed in the MOR.

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 ( ) examination documented on an annual basis for 1 out of 4 (Staff D) facility staff.

Findings as follow:

Record review showed Staff D's last test documentation available for review was dated .

On at 1:30 p.m. the Administrator stated we will send Staff D to complete a new test as soon as possible.

Class III

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	AL11967113	01/23/2018
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

Based on record review and interview the facility failed to have 2 out of 4 (Staff A and B) sampled staff trained in assistance with self administration of medications (4 hours training.)

Findings as follow:

Record review showed the facility did not have the 4 hour medication training for Staff A and Staff B.

On . . . . . at 1:00 p.m. the Administrator did not know why the training was not in staff records.

Class III

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

Based on observation, record review, and interview the facility failed to have an updated health assessment for 1 out of 6 (Resident #3) facility residents.

Findings as follow:

On at 9:40 a.m. observed Staff B feeding Resident #3. At 11:10 a.m. the administrator was observed giving water to Resident #3. Resident #3 did not assist in previous processes. Resident #3's arms were over her chest.

Resident #3's assessment date documented the resident has a diagnosis of and needed assistance while eating and self administration of medications. The assessment also documented that resident was under hospice care.

On at 9:40 a.m. Staff B stated Resident #3 can not eat by herself because is unable to hold the spoon.

On . . . . . at 11:15 p.m. the Administrator stated resident needed administration of medications because she is unable to assist in the process.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on record review and interview the facility failed to maintain the signed attestation forms for 4 out of 4 (Staff A, B, C, and D) facility staff.

Findings as follow:

Staff A (hired), B (Hired), C (hired on) and D (hired on) records showed they did not have the signed attestation forms available for review.

On at 1:30 p.m. the Administrator stated they did not know that document had to be in record.

Unclassified