STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910910	**02/16/2018**
NAME OF PROVIDER OR SUPPLIER **ELPA HOME CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **9950 SW 83 STREET** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018 and concluded on , , 2018. Elpa Home Care Center with limited mental health component and license #5260 had the following deficiencies identified at the time of the survey:

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

Based on observation and interview, the Assisted Living Facility failed to keep medicines in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times for one out of six sampled residents (#1).

Findings included:

Observation on at 7:38 AM revealed that there was a bottle of Bisac-Evac 10 mg suppositories labeled with the Resident #1's name in the refrigerator shelf. There was a box with a vial inside of Lantus 100 u/ml labeled with Resident #1's name in a clear plastic box in the refrigerator shelf. Both medicines were unsecured.

In an interview on at 8 AM home health nurse stated, "They have a key for keeping it locked but I do not see it."

In an interview on at 9:50 AM Administrator revealed that facility had a locked box for the . Administrator did not understand what happened.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the Assisted Living Facility (ALF) failed to appoint a Manager for each facility that served as a Manager to a single facility.

Findings included:

Review of the Health Finder Database revealed the Administrator supervised three Assisted Living Facilities (ALFs).

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Review of facility's records revealed that Administrator did not appoint a manager for present facility.

Review of Background Screening Clearinghouse revealed that the Manager served as a manager for two out of three ALFs that the Administrator supervised.

In an interview on at 1:19 PM, the Administrator confirmed that she supervised three ALFs. Administrator revealed that two of three facilities were one next to the other one but if it was problem, Administrator will fix it.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the Assisted Living Facility failed to have an accurate written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Review of facility's record on at 7:31 AM revealed that Staffing pattern posted was for , 2018. , 2018 Staffing Pattern showed that on Wednesday were on schedule to work Staff C from 7 AM to 7 PM, Staff D off, Staff E from 7 PM to 7 AM and Administrator from 1 PM to 4 PM and Manager from 11 AM to 4 PM.

In an interview on at 9:48 AM Administrator, stated, "Probably when they moved it, they left , behind."

Class III

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

Based on observation and interview, the Assisted Living Facility (ALF) failed to maintain a safe and clean living environment for six of six sampled residents (Residents #1-6). ALF failed to ensure that Residents' had the required furniture.

Findings Included:

1. Observation at 7:40 AM revealed that outside on the patio the fence was missing.

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In an interview on at 8:18 AM, the Administrator revealed that the plan was to install a brand-name fence. Administrator stated, "I ordered everything but it was delayed."

2. Observation on at 7:32 AM revealed that # did not have bedside lamp or floor lamp and waste basket. # did not have bedside lamp or floor lamp and waste basket. # did not have waste basket.

In an interview on at 1:22 PM Administrator stated that she that would buy lamps and waste baskets for that did not have them.

Class III

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

Based on record review and interview, the Assisted Living Facility (ALF) failed to provide documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one (#1) out of six sampled residents. The facility also failed to have an accurate health assessment (AHCA form 1823) that reflected the actual resident's condition for one out of six sampled residents (#1) .

Findings included:

1. Review of Resident #1's record revealed that Resident #1's son signed that consent to the use of half-bed rail on .

In an interview on at 10:45 AM Administrator confirmed that the Consent to the use of half-bed rail was signed by Resident #1's son.

2. Review of Resident #1's record revealed that health assessment (AHCA form 1823) completed on did not reflect that Resident #1 received hospice services and had . Medical history and diagnoses showed type II, ( ), ( ), ( ), . It showed that Resident was not bedbound. It showed that Resident needed assistance with all activities of daily living (ambulation, bathing, dressing, eating, toilet and transfer).

Review of Resident #1's hospice record revealed that admission was on with a

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diagnosis of . . . . . and secondary diagnosis: . . . . . without behavioral disturbance. Last review of plan of care on . . . . . showed a . . . . . on the right leg and multiple on . . lower extremities requiring . . care three times a week. It showed that the resident was bedbound.

Observation on . . . . at 11:34 AM revealed that Staff C fed Resident #1. Staff placed a spoon with puree food (cooked food that was blended) inside Resident #1's mouth.

Class III