STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . . Hogar De Amable Consuelo Corp, license #8745, had deficiencies at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conduct at least two elopement drills annually.

Findings included:

A review of the facility's record revealed that the last two elopement drills were dated and . . . . . There were no elopement drill documented since 2016.

During an interview on . . . . . at 5:20 PM Staff A acknowledged there was no elopement drill documented since 2016.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain an accurate daily medication observation record (MOR) for two out of five sampled residents who received assistance with self-administration of medications (Residents #5 and #2).

Findings included:

On . . . . . at 8:05 AM, observed as Staff D prompted Resident #5, read the medications, punched the medication card dated , put the medications in a small container and handed it to the Resident, then signed the MOR.

During a medication reconciliation on . . . . . , one tablet was observed still in the punched medication card dated . A review of the MOR revealed that all the medications including this tablet had been signed for as given at 8 AM.

During an interview on . . . . . at 9:00 AM Staff A stated "the medication stayed there by mistake, otherwise all of them are given. Staff D signed for 3 of them because they all come together."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	05/15/2018
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

At 09:03 AM Staff D stated "I don't know the name of the medication." Staff D then got the medication and give it to Resident #5.

On at 8:10 AM observed during medication pass: Staff D prompted Resident #2, read the medications, punched the medication card dated , put all four medications in a small container and handed it to the Resident, then signed the MOR.

Medication reconciliation revealed that tablet 100 mg, , Tab 200 mg, and , tablet 500 mg DR came all together in the medication card. / was listed on the MOR and signed for on . Doctors ordered were reviewed; there was no prescription for / on file.

During an interview on at 09:51 AM, Staff D stated "no, I did not find the medication, it is okay it is not here."

During an interview on at 9:56 AM a pharmacy Staff stated "I the packet and put in the mail. I sent it all in the mail. I will sent you the prescription via email."

Class III

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

Based on observation and interview, the facility failed to keep all medications centrally stored in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

During the facility's tour on at 6:00 AM the followings unlocked prescribed and substance controlled medications were found inside of the refrigerator in a red carton box: , 650 mg , 10 mg , 0.5 mg tablet, , 10 mg tablet, , 0.125 mg tablet, , sulf 100mg/5 mls soln, , Lac 2 mg/ml CONC.

During an interview on at 7: 00 AM Staff B acknowledged that the medications were not locked and stated "Staff A is on the way with a locked box for the medications."

On at 7:43 AM Staff A walked in the facility with a gray locked metallic box and stated "this is

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

the locked for the medications."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide a minimum of 1 hour in-service training within 30 days of employment that covers on reporting major incidents to one out of seven direct care staff (Staff C).

Findings included:

A review of the personnel's file on revealed that there was no documentation that Staff C, hired on received at least 1 hour of training on reporting major incidents in file.

During an interview on at 1:19 PM Staff A stated "I provided the in-service training, they are 1 hour each."

On at 5:20 PM, Staff A and B acknowledged the incident report training certificate was not in Staff C's file.

Class III

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

Based on observations and interview, the facility failed to have on hand at all times a 3-day supply of nonperishable food and water supply for a census of five residents.

Findings included:

During the facility tour on at 6:00 AM four gallons (1 X 5) were observed in the dining .

On at 7:58 AM, observed in the emergency food cabinet: two small cans of sweet corn expired on , 1 large can of Boyardee beef ravioli, expired on , 1 large can of mash potatoes, expired on and one more expired on , 1 Milk powder expired on , three cans of chicken expired .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

During an interview on at 08:02 Staff A stated "I know you are going to cite for the emergency food, but I am replacing everything today by 2 o'clock; I was not aware that they were expired."

On at 8:28 AM, Staff A stated "because of limited space, I have another facility where I stored all the water. I have a contract with a company for waster."

On at 10:29 AM, four additional gallons of water (1 X 5) were brought in the facility.

On at 11:19 AM, several bags of food were brought in the facility. Staff A stated "I want you to take picture of the emergency food they just brought since you take pictures of the expired ones."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to file a surety bond in an amount equal to twice the average monthly aggregate income or personal funds due to one out of five sampled residents (Resident #2).

Findings included:

A review of the financial records revealed that the facility was the payee for Resident #2. A review of Resident #2's file revealed that a contract rate was signed for $800.00 monthly. There was no documentation of a surety bond.

During an interview on at 11:37 AM Staff A stated "I am the payee for Resident #2, let me call my insurance."

Class III

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

Based on record review and interview the facility failed to maintain an accurate Health Assessment for one out of five sampled residents (Resident #1). The facility also failed to maintain an accurate contract for one out of five sampled residents (Resident #2). The facility failed to have signed consent to the use of half bed rails for one out of five sampled residents (Resident #1).

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

1) A review of the facility records on revealed that Resident #1's Health Assessment dated stated "Needs assistance with self-administration of medications and regular diet" while Resident #1 was under hospice care and received Medications administrations. Furthermore, Plan of care dated stated " to solid food and liquids."

2) A review of Resident #2 record revealed that the resident contract signed on stated "$800 monthly" . Notice of payment increased was dated and stated $750/monthly. Review of the Resident bank statement revealed that on - $750.00 was deposited on and transferred to another bank account on - $750.00 was deposited on and transferred to another bank account on - $750.00 was deposited on and transferred to another bank account . Moreover, the Resident's contract's signature was different from signature on informed consent to assistance with self-administration of medications.

During an interview on at 11:00 AM Staff A stated "I believe Resident #2 signed her contract. My manager will tell you."

At 11:37 AM Staff A stated "I am the payee for resident #2."

3) On during the facility's tour Resident #1 was observed in a hospital bed with half side rails.

A review of Resident #1's file revealed that there was an order for the use of ½ bed rails dated . However, inform consent to the use of half bed rails not in file.

During an interview on at 10:50 AM Staff A went through the file did not find the signed consent and stated "it is not here."

On at 1:42 PM ,Staff B walked in the facility and handed a document for Resident's #1 which stated "Consent to the use of full bed rails dated " signed by the Resident's guardian.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET** **HIALEAH, FL 33012**	

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

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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 have a printed copy of the background screening result in file for one out of seven sampled staff (Staff F). The facility also failed to have a signed Attestation of Compliance with Background Screening on file for one out of seven sampled staff (Staff D).

Findings included:

1) A review of the personnel file on revealed that there was no documentation of Staff F's background screening result.

On at 09:36 AM Staff A and B went through Staff F's file and Staff A acknowledged that the background screening result was not there.

2) A review of the personnel files on revealed that the file for Staff D, hired on , did not contain a signed Attestation of Compliance with Background Screening requirements in file.

During an interview on Staff A and B went through the personnel file and acknowledged the attestation was missing.

Class III