

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965862	(X3) DATE SURVEY COMPLETED 05/22/2018
NAME OF PROVIDER OR SUPPLIER A1A CARE CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 641 WEST 33 STREET HIALEAH, FL 33012	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on A1A Care Center, Inc. (License #10201) had deficiencies identified at the time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review and interview, the facility failed to ensure that licensed staff provided medication administration to one of six (#5) residents.

Findings include:

Observation on at 12:00 pm revealed that Resident #5 did not follow commands to take the medication to her mouth. Staff B had to put the pills directly into the resident's mouth.

A review of Resident #1's health assessment showed diagnoses of 's , Parkinson's and

Record review showed that Staff B was not a nurse or other licensed medical provider.

On at 12:00 pm Staff B stated, "Resident #5 does not follow command to take her medications, she bite the cup."

On at 12:30 pm Staff A stated, " I do not know what to do, she has medications five times a day."

Class III

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

Based on record review and interview, the facility failed to provide documentation of an accurate health assessment for one of six sampled residents (Resident #5).

Findings included:

Observation on at 12:00 pm revealed that Resident #5 did not follow commands to take her

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965862	(X3) DATE SURVEY COMPLETED 05/22/2018
NAME OF PROVIDER OR SUPPLIER A1A CARE CENTER, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 641 WEST 33 STREET HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
medications herself. Further observation showed that Staff B fed Resident #5 without the resident's assistance. A review of Resident #5's health assessment showed diagnoses, Parkinson's and Record review revealed that Resident #5's health assessment (dated) reflected, "Needs assistance with self-administration of medication. Resident #5's health assessment also stated, "Assistance for eating." Interviewed on at 12:20 pm, Staff A acknowledged that Resident #5's health assessment showed assistance for eating and assistance for self-administration of medication. Class III		