

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967363	(X3) DATE SURVEY COMPLETED R 07/17/2018
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 SW 196TH DRIVE CUTLER BAY, FL 33157	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on Whispering Pines Home Care Inc. (License #11423) had the following deficiency found at 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 centrally stored medications locked at all times.

Findings included:

On at 5:35 AM during the tour observed the wooden cabinet where the medications were kept unlocked and the lock was inside of the cabinet

On at 5:40 AM Staff D stated that she had the medication cabinet unlocked because she was going to start giving the medication.

Uncorrected Class III