STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	R 07/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH FLORIDA HOME SERVICES IN	**140 NW 9 AVENUE MIAMI, FL 33128**

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

0000 - Initial Comments

A Follow Up Visit to a Biennial Survey in conjunction with a Complaint Investigation (CCR 2018008931) was conducted at South Florida Home Services Inc (License # 9352) with Limited Nursing Services and Limited Mental Health components on , , 2018. Deficient practice was identified during the surveys.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the correct procedures described in Section 429.256, F.S. when assisting two out of 12 sampled residents (#1 and #7) with self-administration of medications.

Findings included:

On at 11:38 AM, the Administrator stated to Resident #1 "come get your pills". The Administrator punched the card in a cup and handed it to the resident; then signed the Medication Observation Record (MOR). The Administrator did not read the medication for Resident #1. Again, the Administrator call Resident #7, punched the pack in a cup, give it to the resident, signed the MOR, but did not read the medication label.

Medication Reconciliation on revealed that Resident #1 had , 10 mg tablet and Resident #7 had 300 mg Cap.

During an interview at 1:33 PM, the Administrator acknowledged that the medication labels were not read to the residents.

Class III

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

Based on record review and interview, the facility failed to provide to five out of six sampled staff (Staff A, B, C, D, and E) the updated training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	R 07/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH FLORIDA HOME SERVICES IN	**140 NW 9 AVENUE MIAMI, FL 33128**

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

A review of the facility's personnel on , revealed that Staff A received 4 hours training providing assistance with self-administered medications and safe medication practices on , Staff B received 4 hour training on , Staff C received 4 hour training on , Staff D received 4 hours training on , and Staff E received 4 hours on .

During an interview on at 1:33 PM, the Owner acknowledged that the facility needed to provide an additional 2 hours training on providing assistance with self-administration of medications and safe medication practices to the staff.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. The facility failed to ensure that resident had window coverings.

Findings included:

1) On during the facility's tour at 9:08 AM the followings were observed: the lobby area had recliners with ragged leather cover; # had a broken door frame and a window without blinds; the first floor a broken vanity sink, two ripped shower curtains, and three broken compartments ; # on the second floor had an Air Conditioner's vent with dark stain that look like mold.

During an interview on at 1:33 PM, the Owner stated "I know the chairs are all cracked up."

2) During the facility's tour on at 9:08 AM, a window in # which was in close proximity to the facility's neighbor was observed to have no covering. The outside had a full view of the entire .

During an interview on at 9:10 AM, Staff B acknowledged that the residents needed privacy.

Uncorrected Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have an annual updated Community Living

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	R **07/26/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE** **MIAMI, FL 33128**	

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

Support Plan for three out of 12 limited mental health residents (Resident #9, 10, and 11).

Findings included

A review of the facility record on revealed that on the admission and discharge log Residents #9, #10, and #11 were identified as limited mental health residents.

A review of the residents' record on revealed that Resident#9's Community Living Support Plan was completed on ; Resident #10 and #11's Mental Health Assessment and Community Living Support Plan completed on .

During an interview on at 1:33 PM, the Owner stated "The support plans expired a week ago, I have to fix that."

Uncorrected Class III