

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964978	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HUMBLE CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14651 SW 161 STREET MIAMI, FL 33177	

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

0000 - Initial Comments

A standard biennial survey was conducted on Humble Care ALF had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the Assisted Living failed to ensure that Medication Observation Records (MORs) included the name of the resident's health care provider and the health care provider's telephone number for one out six sampled residents (#1).

Finding included:

Review of Resident #1's MORs showed that it did not include the name of the resident's health care provider and the health care provider's telephone number.

On at 3:20 PM, the Administrator revealed that she forgot to write the information on the MORs for Resident #1. She she stated that she did for all the MORs, but she skipped that one.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to include in the pre-service orientation the facility's license type and services offered by the facility. The facility failed to ensure that staff completed control training within 30 days of employment for one out of five sampled staff (E).

Findings included:

Review of Staff E's personnel record showed that the hire date was . The staff completed the pre-service orientation on . It did not cover the facility's license type and services offered by the facility. There was no evidence that the staff completed control training.

On at 3:36 PM, the Administrator revealed that she did not know that the pre-service orientation needed to include the facility's license type and services offered by the facility. She reviewed the file and did not find the control training for Staff E.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964978	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER HUMBLE CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 14651 SW 161 STREET MIAMI, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III		