

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964124	(X3) DATE SURVEY COMPLETED 02/06/2019
NAME OF PROVIDER OR SUPPLIER PRECIOUS TIMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4310 SW 89 AVENUE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on Precious Times Inc. had the following deficiencies identified at time of the survey: 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview, the facility failed to have a satisfactory fire inspection report available for review. Finding included: The fire inspection report dated had a listing of violations that were supposed to be clear by The facility did not have proof of the current fire inspection available for review to verify the fire inspection had been cleared. On at 3:00 PM the Administrator acknowledged the facility did not have a current fire inspection available for review during fire inspection. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on record review and interview the facility failed to ensure that staff completed the initial training in assisting residents with self-administration of medications for one out of six (A) sampled staff. Findings included: Review of Staff A's file found continuing education training for assistance with self- administration of medications dated and for two hours. The facility did not have the initial medication training in her file. On at 3:11 PM the Administrator stated, "What happen is the first 4 hour she had. I will look for it maybe I have to do an additional 2 hours and maybe I removed it. Class III		

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0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the facility failed to a policy and procedure available with instructions on how to use the generator in case of an emergency. Findings included: Review of the the policy and procedure of the facility emergency power plan had not clearly stated how to use the generator and pour the gas run the generator and how to maintain the equipment. The facility did not have documentation of notifying the resident families in writing of the emergency plan and had not informed residents families in writing of power plan. On . at 3:00 PM the Administrator acknowledged the facility had not notified the residents families in writing and had no policy on how to run the generator during an emergency. Class III		