STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966896	**02/01/2019**
NAME OF PROVIDER OR SUPPLIER **KAYLA'S PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3122 SW 151 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Kayla's Place Inc., with a limited mental health component, had the following deficiencies identified at time of the survey:

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, record review, and interview, the facility failed to ensure medications ordered were filled in a timely manner for one out of six (#1) sampled residents.

Findings included:

On at 9:45 AM, medication reconciliation done for Resident #1 showed 200 m, and 25 mg had no tablet in the pack for . A review of the medication log showed the medications were initialed as given on .

On at 3:45 PM, the Administrator stated, "Her medications are filled through medical center and they take some time to get them."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to ensure that the staffing pattern reflected staff were available to cover the night shifts.

Findings included:

On at 9:15 AM a staff schedule was posted with showed that Staff A worked Sunday through Thursday and Saturday 6 AM to 6 PM. Staff B worked on Sunday, Monday, Wednesday, Thursday, Friday, and Saturday at 6 AM to 6 PM. Staff C worked Monday through Saturdays from 6 PM to 6 AM. Staff D worked Monday through Friday 8 AM to 6 PM. The schedule showed there was no staff available to cove the night shift on Sundays from 6 PM to 6 AM.

On at 3:50 PM Staff D stated, "We have someone who work during that time. I have to update the schedule."

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Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility failed to store 48 hours of emergency fuel on site.

Findings included:

On . . . . . at 9:30 AM a portable generator was observed in the outside patio of the facility. There were two five gallons of gasoline onsite. The facility generator required 35 gallons of gasoline for generator to run for 48 hours. The facility did not have the required amount fuel needed to run generator for 48 hours.

On . . at 3:40 PM, the Administrator acknowledged that the facility did not have enough fuel available onsite.

Class III