STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	R 04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCIA NUESTRA SENORA DE LA ESPERANZA	**11125 SW 48 STREET MIAMI, FL 33165**

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

0000 - Initial Comments

A third revisit biennial survey and complaint investigation (#2019003381 and #2019004007) was conducted at Residencia Nuestra Senora De La Esperanza Home Care on , and concluded on . Deficiencies were identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide proof of a satisfactory annual fire safety inspection.

Findings Included:

On review of facility record showed an annual fire inspection report dated with an uncorrected citation.

On , at 9:15 AM, the Administrator stated everything was corrected and she thought it was written on the report. She stated she thought she had the correct annual inspection report. She stated she would call someone to fax the correct report over to the facility.

Class III
Uncorrected

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on record review and interview the facility failed to provide assistance with self-administration of medications for two out five sampled Residents (Resident #4 and #5)

Findings Included:

On at 8:08 AM, the Administrator stated she had given Resident's #4 and # 5 the medications at 5:30 AM and 6:30 AM. She stated she left the medications at the Resident' bedside table for the Residents to be able to take the medications on their own.

Health assessments for Residents #4 and #5 showed they required assistance with self-administration of medications.

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Class III
Uncorrected

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

Based on observation and interview, the facility failed to maintain a safe and clean living environment for all of their residents.

Findings Included:

On [illegible] at 6:15 AM, observed the following throughout the tour of the facility:
An A/C vent attached to the wall in the hallway by a piece of gray duct tape
[illegible] in the middle of the outside patio
Dispersed objects (ladder, piece of wooden [illegible], laundry basket) around the outside patio
A doorknob attached to the bathroom door by a piece of blue duct tape
An electrical [illegible] plate missing next to Resident # 4's bed
An electrical [illegible] plate missing next to the owner's room
An electrical [illegible] plate missing in the resident's hallway
Broken tiles located in resident's # 4 and # 5 bathroom
Black and orange spots located in Resident's # 4 and # 5 shower
Animal feces and [illegible] stain in the main living room
An approximated count of 20 flies in the resident's dining area
A resident's dresser missing eight doorknobs
Two [illegible] light switches located in the residents' rooms
A piece of string attached to a ceiling fan to turn on/off the light
A missing nightstand and dresser in one of the residents' rooms

On [illegible] at 10:05 AM, the administrator stated that she is currently doing home renovations and will be fixing the entire house.

Class III
Uncorrected

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review, the facility failed to obtain a completed health assessment for one out of five (Resident # 1) sampled residents. The facility also failed to ensure that resident records included a signed copy of the informed consent for unlicensed staff assisting residents with the

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RESIDENCIA NUESTRA SENORA DE LA ESPERANZA	**11125 SW 48 STREET MIAMI, FL 33165**

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

self-administration of medication for one out of five (Resident # 2) sampled residents.

Findings Included:

1) Review of Resident # 1's record showed an admission date of ; however, did not have any documentation of a completed health assessment by a medical professional.

2) Review of Resident # 2's record showed an admission date of and had an unsigned informed consent for unlicensed staff assisting the resident with the self-administration of medication.

On at 8:08 AM, the administrator stated that she provided medication to all of her residents by leaving the medication at their bedside to take when they wake up.

Class III
Uncorrected

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to obtain the required fuel (48 hours worth of fuel) necessary to operate in the case of the loss of a primary electrical power.

Findings included:

On at 6:28 AM, observed a portable generator located in the facility's shed with only 10 gallons of fuel (gas).

On at 6:31 AM, the administrator stated that the generator needs approximately 10 - 15 gallons of gas a day.

Class III
Uncorrected

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to provide proof of a background check for one person living at the facility and sharing the common areas with all residents.

Findings Included:

On , at 6:30 AM observed a man lying in bed in one of the bedrooms.

On , at 6:30 AM, the Administrator stated the man was her husband and he lived at the facility. The man identified himself as the husband and provided identification.

On , review of the background check clearing house system showed no record for the administrator's husband.

Unclassified
Uncorrected