STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969229	**05/01/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUELOS ALF INC	**1031 NW 39 CT** **MIAMI, FL 33126**

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

0000 - Initial Comments

A re-licensure survey was conducted at Abuelos ALF Inc. on . The provider had deficiencies at the time of the visit:

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

Based on observation and interview the facility failed to follow the procedure outlined by the state when assisting three out of six sampled residents with self-administration of medications (Residents # 2, 4 and 6). Also, the medications had been pre-poured and the medication observation record (MOR) had been marked before the residents had received the medications.

Finding included:

On at 7:05 AM, observed the medications for three residents (Residents # 2, 4, and 6) in an unlocked metal cabinet located in the Florida room. The medications had been pre-poured into small cups labeled with the residents' names. The MORs were already marked indicating that the medications had been given.

On at 7:15 AM Staff C stated that she had pre-poured the medication because that morning had been a little busy and she wanted to have it ready.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that medications were kept locked.

Findings:

On at 7:05 AM, observed the medications for three residents (Residents # 2, 4, and 6) in an unlocked metal cabinet located in the Florida room.

On at 7:15 AM Staff C stated that she had pre-poured the medication because that morning had been a little busy and she wanted to have it ready.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969229	(X3) DATE SURVEY COMPLETED 05/01/2019
NAME OF PROVIDER OR SUPPLIER **ABUELOS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 NW 39 CT MIAMI, FL 33126**	

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

Class III

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

Based on record review and interview the facility failed to have required in-service training and two hours pre-service orientation prior to interacting with residents for two out of six (E and F) sampled staff.

Findings included:

A review of personnel records showed no documentation that Staff E and F had received two hours of pre-service orientation covering resident rights, the facility license type, or services offered by the facility prior to interacting with residents which was effective on.

On at 11:00 AM the Administrator acknowledged these Staff E and F did not have the training's.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review, and interview, the facility failed to have the education in topics pertinent to nutrition and food service for five out of six (B, C, D, E and F) sampled staff.

Findings included:

A review of personnel records found no documentation of education in topics pertinent to nutrition and food service which contained the seal which the trainer used to verify the validity of the certificates, for Staff B, C, D E and F.

On at 11:30 AM the Administrator stated that they had taken the training the week before, and that she only had copies that the nutritionist had sent to her but not the original certificate.

Class III