

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942824	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER SANTA TERESITA HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WEST 40 PLACE HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to a Biennial Survey was conducted at Santa Teresita Home Care on Deficiencies were identified at time of the survey: 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview the facility failed to have an update fire inspection. Findings including: Observation on at 9:00 am revealed the facility had a fire inspection dated posted at the office. Interview on at 1:00 am, Staff B confirmed, "It is on the board inside the office." Class III 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27 Based on observation, record review, and interview, the facility failed to honor the right of six of seven sampled residents by installing surveillance cameras inside the residents' rooms. Findings included: During the facility tour on at 10:40 am, three bedrooms occupied by the residents had working surveillance cameras with red lights on. The facility had a form in the resident contracts stated rooms had a video camera by computer, which allowed only resident, guardian and administration to watch. Interview on at 11:43 am Staff A stated, "Ombudsman came and saw that each resident has a contract signed per POA giving authorization to have a camera in residents' room." Uncorrected Class III 0053 - Medication - Administration - 58A-5.0185(4) FAC		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942824	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER SANTA TERESITA HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WEST 40 PLACE HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on record review and interview, the facility failed to have a licensed staff member administer medications to one of seven sampled residents (Resident #2). Findings included: Observation on at 12:00 pm revealed Staff B feeding Resident #2, and she was not able to take the spoon with her Record review revealed that Resident #2's health assessment (dated) stated, "Needs assistance eating and needs assistance with self-administration of medication." Interview on at 12:00 pm Staff B stated, "I have to put the medication on a spoon, and put the spoon in her, as I do with her food. I also used a cup, and pour it inside her" Observation on at 2:00 pm, Staff E was assisting Resident #2 with her self-administration of medication. Staff E used a disposable cup, pulled the pill (..... FUM 100 mg) inside, and took it to Resident #2's directly. However, The pill does not get into Resident #2's, and Staff E grabbed the pill with her, and put the pill inside Resident #2's Staff E did not use the medication observation record (MOR). Uncorrected Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview, the facility failed to maintain a daily updated medication observation record (MOR) for one of six sampled residents (#2). Findings included: Record review revealed that facility signed Resident #2's medication (..... FUM 100 mg) for 2:00 pm at 9:00 am. Interview on at 1:00 pm Staff E stated, "I signed it by mistake." Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 429.52(.....), 58A-5.019(1) FAC		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942824	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER SANTA TERESITA HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WEST 40 PLACE HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on record review and interview, the facility failed to appoint in writing a separate manager for the facility. Findings included: Record review revealed the health finder database reflected Staff A as the administrator of the facility . The background clearinghouse database showed Staff A as administrator of two facility In addition, the facility did not have an assigned manager for the facility. Interview on at 11:30 am revealed that Staff A acknowledged that he was the administrator both facilities. Uncorrected Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC Based on record review and interview, the facility failed to have an in-service in Nutrition and Food Service for one of four sampled staff (E). Findings included: Observation on at 12:00 pm revealed Staff E helping serving meals to the residents. Record review revealed Staff C (hired) did not have a Nutrition and Food Service on file. Interview on at 12:30 pm Staff E acknowledged that she was missing the Nutrition and Food Service training. Uncorrected Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to provide a safe living environment. Findings included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942824	(X3) DATE SURVEY COMPLETED R 05/08/2019
NAME OF PROVIDER OR SUPPLIER SANTA TERESITA HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 538 WEST 40 PLACE HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Observation on at 9:00 am revealed water stain in ... # occupied by Resident #3 and ... # occupied by Residents #2 and #4. Interview on at 11:55 am Staff A revealed, "I am in the process to take the stain from the ceiling; I put a worker to check to roof and it is not leaking; it is just paint that area." Uncorrected Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to have a print of an eligible background screening for one of four (Staff B) sampled staff. Findings included: Record review revealed Staff B (hired) did not have an eligible copy of her background screening (dated) on file. Staff B's background screening stated, "Awaiting Privacy Policy." Record review revealed that the background database revealed Staff B had an eligible background ; however, the facility did not have an update background screening in file. Interview on ... at 1:00 pm Staff B stated, "I have my record complete." Uncorrected Class III		