STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	09/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cary's Adult Care Ii	15765 Sw 76 Terrace Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Cary's Adult Care II had deficiencies at the time of the survey.

0004-Licensure - Requirements 58A-5.016 FAC

Based on observation, record review and interview Assisted Living Facility failed to not exceed the licensed capacity of six residents.

Findings include:

1. Observation during a general tour of the facility on at 11:45 a.m. with caregiver_A revealed that there were seven residents in the facility at the time of the survey, residents #1, #2, #3, #4, #5, #6 and #7.

2. Record review revealed that residents #1, #2, #3, #4, #5, #6 and #7 have agreement with the facility for living in the facility.

3. Administrator acknowledged findings on at 12:45 p.m.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review the Assisted Living Facility failed to limit the use of physical to half-bed rails and failed to obtain the written order and the consent of the resident or the resident's representative prior to the use of half-bed rail for one out of seven sampled residents (#1).

Findings include:

1. Observation on at 11:50 a.m. revealed that resident #1's bed has attached full bed rail.

2. Record review of resident #1's file revealed that resident #1 did not have doctor order for full bed rails or half-bed rail and did not have a resident or resident's representative consent to use bed rail.

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3. Caregiver_A stated on at 11:50 a.m. that resident used the full bed rail.

Administrator acknowledged finding on at 12:45 p.m.

Class III

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

Based on observation and interview the Assisted Living Facility failed to keep medication locked at all times for one out of seven sampled residents (#2).

Findings include:

1. Observation on at 11:45 a.m. in # on the top her bedside table a jar of ointment labeled with name of resident #2 and a tube unlabeled of ointment.

2. Interview with caregiver_A on at 11:45 a.m. revealed that hospice aide usually leave the ointment on the top of bedside table.

Administrator acknowledged findings on at 12:45 p.m.

Class III

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

Based on observation and interview the Assisted Living Facility failed to ensure medication was labeled as required for one out of seven sampled residents (#2).

Findings include:

1. Observation on at 11:45 a.m. in # on the top her bedside table a tube unlabeled of ointment.

2. Interview with caregiver_A on at 11:45 a.m. revealed that hospice aide usually leave the ointment on the top of bedside table that ointment belongsto resident #2.

Administrator acknowledged findings on at 12:45 p.m.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the assisted living facility failed to ensure the Limited Nursing Services nurse had proper verification of freedom from { } documented.

Findings include:

1. Record review of the Limited Nursing Services nurse personal file on at approximately 11:45 am, revealed the nurse last freedom from documentation was dated . Record review, revealed the administrator failed to provide documentation on an annual basis.

2. In an interview with the administrator via telephone on at approximately 12:45 PM, he acknowledge the findings.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the Assisted Living Facility failed to have an up-to-date admission and discharge log listing the name of all residents.

Findings include:

1. Facility record review on revealed that facility did not have admission and discharge log.

2. Interview with caregiver_A on at 11:55 a.m. that if admission and discharge log was not in the facility record probably facility did not have one.

Administrator acknowledged findings on at 12:45 p.m.

Class

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility failed to maintain documentation of file of the qualifications of the nurse providing Limited Nursing Services in the facility's personal files.

Findings include:

1. Facility has a Registered Nurse to perform Limited Nursing Services; there is no contract between the facility and the nurse or employment application on file. The Registered Nurse license expired

2. Interview with the administrator via telephone on at approximately 12:45 PM, revealed there was no contract or employment application on file. He was not aware the nurse license had expired. The administrator revealed he was not able to talk or write at the time of the telephone interview.
Class III

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cary's Adult Care II
15765 Sw 76 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 10/25/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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