STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966561	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Place (the)	2953 Nw 10th Court Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= E
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= F
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure abbreviated survey was conducted on . . . . . The Caring Place had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to dispose of expired medications as required.

The findings include:

In an observation conducted on . . . . . at approximately 12:00PM, of the medication cabinet the following was observed:

1) A bubble card prescribed on 7/1/2012 to Resident #3 for the medication . . . . . 10MG Tabs- with 18 tabs still in the card with a discard date of . . . . . .

2) A bubble card prescribed on . . . . . to Resident #5 for the medication Temezapam 7.5MG capsules- with 5 capsules still in the card with a discard date of . . . . . .

3) A bubble card prescribed on . . . . . to Resident #7 for the medication . . ES 500MG Tabs- with 7 tabs still in the card with a discard date of . . . . . .

4) A bubble card prescribed on . . . . . to Resident #7 for the medication . . W/Atrop 2.5 MG Tabs- with 4 tabs still in the card with a discard date of . . .

During an interview conducted on . . . . . at 12:08 PM with the Administrator, she stated that Resident #7 was discharged on . . . . . and acknowledged the findings stating she just overlooked the medications and needs to create a better way to manage the expired medications.

Class III

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

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview the assisted living facility failed to maintain the minimum number of staff hours per week for a census of 7 residents.

The findings include:

1) Record review of the most current facility schedule for the week of revealed a total number of staff hours of 171, with the minimum staff hours required for a census of 7 is 212 per week.

2) In an interview conducted on at 9:20 AM with Staff A, she stated that she was the only staff present in the facility and that she works Monday - friday from 7:00 AM- 5:00 PM

In an interview conducted with the Administrator on at 1:45PM, she stated that currently there are only 3 staff members including herself, the other staff member that is listed on the schedule is no longer working at the facility and she did not work the hours that are reflected on the schedule.

In an interview conducted on at 2:00PM with the Administrator, she acknowledged the findings.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the assisted living facility failed to maintain a safe living environment which was free of hazards.

The findings include:

An observation made on at approximately 9:15 AM the facility's front porch first 4 tiles were broken, cracked and loose and there were residents (Resident # 2 and #6) sitting outside on the porch as well as a staff member.

On at 10:30 AM during the tour of the facility with the Administrator, the broken tiles on the front porch were observed, she acknowledged the broken tiles and stated that they are an accident hazard.

An observation made on at 1:30 PM, Resident #2 was sitting outside on the front porch, and Resident #6 was coming back to the facility from a walk and coming up the front porch.

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In an interview conducted with the Administrator on [redacted] at 10:40AM, she confirmed the findings.

A photograph of the evidence presented is in the file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Caring Place (The)
2953 Nw 10th Court
Fort Lauderdale, FL 33311

Dear Administrator:

This letter reports the findings of a state licensure 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 , **2014** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Wallace-Thomas, Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/jw
XG90

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