STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964978	12/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Humble Care Alf	14651 Sw 161 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013010399) was conducted on at Humble Care ALF. There were deficiencies noted during the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review, and interview, the facility failed to have accurate Medication Observation Records (MORs) for 2 of 3 sampled residents (resident #1 and resident #3).

Findings include:

Observation on at 9:40 am revealed that after requesting the MORs for the three residents present at the time of the inspection, the surveyor entered the kitchen to find the staff member with the MORs in her hands. She had a pen and was initialing the MOR. She said "she just got her medications." The surveyor requested that she hand over the book in its current state and she complied. She was initialing the MOR for resident #3, however, resident #3 was still in bed and was not observed to have received medications immediately prior to the initialing of the MOR.

Record review of the MOR for resident #3 revealed it was initialed up through 12/2 for the following medications: Donepazil, Allopurinel, , Calcitrol, XL. It was only initialed up through 12/1 for , Clopidigrel, and . None of the medications for the morning of 12/3 were marked as given or refused.

Record review of the MOR for resident #1 revealed it was missing initials for 12/3 doses of , , , and Docqlace. It was missing initials for 12/2 for .

Interview on at 10:24 am with the administrator revealed she confirmed that the MORs was missing initials for the above noted dates for resident #1. She stated resident #3 got the medications on 12/2 but that she must have skipped that page when initialing, thus confirming the findings for resident #3.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964978	**12/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Humble Care Alf	**14651 Sw 161 Street Miami, FL 33177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation and interview, the facility failed to ensure its medications were secured in a locked compartment at all times.

Findings include:

Observation on at 9:30 am revealed the medication cabinet was located above the refrigerator. It was labeled "Medication Authorized Personnel Only." There was a locking mechanism observed on the door. However, when the staff #1 went to open the cabinet, she did not have to unlock it to get it open. The doors were unlocked. She stated that the residents had just gotten their medications when the surveyor came in. The doors appeared to be uneven as if one of both of them were slightly unhinged. When it was requested that the staff close and lock the cabinet, the staff attempted to do so. However, the cabinet did not lock and could be opened with a minimal amount of pressure. The staff member got a ladder and moved some of the medications around in the cabinet and attempted to close and lock the cabinet. Again, the cabinet did not lock and could be opened with minimal effort. The staff member confirmed the lock was not working at the time of the observation.

Observation on at 11:09 am revealed the administrator applied a piece of tape to the left medication door. After that, the lock began to work.

Interview with the administrator on at 11:10 am revealed she acknowledged that the locking mechanism was not working prior to this temporary solution.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Humble Care Alf
14651 Sw 161 Street
Miami, FL 33177

Re: CCR #2013010399

Dear Administrator:

This letter reports the findings of a state complaint 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 2/6/2014 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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