STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966646	**05/02/2016**
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15678 SW 20 STREET MIAMI, FL 33185**	

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

0000 Initial Comments

A complaint (CCR#2016004370) survey was conducted on , 2016. Lidy's Health Care #2 with limited mental health component had the following deficiencies identified at the time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the Assisted Living Facility failed to have completed a health assessment (AHCA form 1823) within 60 days before admission or 30 days after admission for one (Resident #2) out of six sampled residents.

Findings included:

In an interview on at 11:45 AM the Owner revealed that Resident #2 did not have the health assessment completed yet. Health assessment form was provided to primary physician but it has not been returned yet.
Review of Resident #2 ' s record revealed that Resident #2 admission date was on and there was not health assessment in the record at the time of the survey.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to honor a resident's right of being treated with respect, personal dignity, and individuality, by blocking the 's door to prevent one (Resident#3) out of the six sampled residents from using it.
Findings Include:
On at 9:06 AM observed in # a large sofa blocking the door of Resident #3's private .
On 9:12 AM Staff Member A stated, "The door was blocked because resident was not allowed to use the ".
III

0051 Medication - Pill Organizers

Based on observation, interview and record review, the Assisted Living Facility failed to have pill organizer to be used only by residents who self-administer medications for one (Resident #2) out of six sampled residents.

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Findings included:

Observation / at 11:30 AM revealed that there was a pill organizer which belonged to Resident #2.

In an interview on at 11:46 AM the Owner revealed that Staff Member B sometimes assisted Resident #2 with medications and sometimes Resident #2's niece.

Review of Resident #2's record revealed that there was not health assessment in the resident record at the time of the survey. Informed consent to assistance with medication by unlicensed staff in record. Review of Resident #2's MORS revealed that Resident #2 did not have a Medication Observation Record (MOR).

In an interview on / at 10:23 AM the Owner revealed that Staff Member did not complete the MOR sheet for Resident #2.
Class III

0054 Medication - Records

Based on record review and interview, the Assisted Living Facility failed to have a Medication Observation Records (MORs) for one (Resident #2) out of seven sampled residents. The Assisted Living Facility's staff member (Staff Member A) failed to immediately update MORs each time the medication is offered or administered as well as to follow doctor order for one (Resident #4) out of six sampled residents.

Findings included:

Review of Resident #2's MORS revealed that Resident #2 did not have a Medication Observation Record (MOR).

In an interview on / at 10:23 AM the Owner revealed that Staff Member did not complete the MOR sheet for Resident #2.

Review of Resident #4's revealed that Resident #4 had scheduled:
- 10 gm/15 ml solution. Take 15 ml by mouth daily in the morning. (8 AM).
- 500. Take one tablet by mouth three times a day (8 AM, 2 PM and 8 PM).
- 10 mg tablet, take one tablet by mouth daily (8 AM).
-Clopidrogrel 75 mg tablet, take one tablet by mouth daily (8 AM).

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- 100 mg capsule, take two capsules by mouth daily (8 AM).
- 325 mg tablet, take one tablet by mouth daily (8 AM).
- 1 mg tablet, take one tablet by mouth daily (8 AM).
- 20 mg tablet, take one tablet by mouth daily in the morning (8 AM).
- 25 mg tablet, take one tablet by mouth twice a day (8 AM and 8 PM).

Review of Resident #4's MORs revealed that Resident #4's 8 AM medications (10 gm/15 ml solution; 500 mg; 10 mg tablet; Clopidrogrel 75 mg tablet; 100 mg capsule; 325 mg tablet; 1 mg tablet) for / were not initialed.

In an interview on / at 11:34 AM the Staff Member A revealed that Resident #4 took at night.
In an interview on / at 11:34 AM the Administrator revealed that Resident #4 refused to take in the morning.
Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record review, the Assisted Living Facility failed to provide within one business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents for one (Resident #2) out of six sampled residents.

Findings included:

In an interview on at 10:08 AM the Owner revealed that Resident #2 was sleeping, got up and , and the next morning was sent to the hospital and had a hip . Resident #2 did not have surgery done. Resident #2 was receiving physical .

Record review revealed that progress note completed on / and revealed that Resident #2 at 4 AM trying to get up from bed. After Resident #2 , the staff checked Resident #2 for injuries and Resident #2 walked around to make sure everything was okay, then Resident #2 went back to sleep. The next day when we went to take Resident #2 a shower Resident #2 felt a very sharp pain so we called the family member, ending in taking her to hospital.

Class III

Z815 Background Screening: Prohibited Offenses

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Based on observation and interview, the Assisted Living Facility failed to ensure that one (Staff Member B) out three sampled staff member had a level 2 background screening whose responsibilities require have access to personal property, or living areas.

Findings included

Observation on at 10:15 AM revealed that Staff Member B was inside #. Resident #3 occupied #.

In an interview on at 10:20 AM the Owner revealed that Staff Member B was in training.

In an interview on at 10:26 AM Staff Member B refused to provide personal information including date of birth or social security.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lidy's Health Care #2
15678 Sw 20 Street
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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