STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for two out of eight sampled staff (Staff E and F) .

Findings included:

A review of the facility's roster in the background screening clearinghouse database showed that Staff E and F were listed.

Interview conducted on at 2:00 PM, Staff A stated, "Staff E and F do not work in the facility for more than one year."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to have a Level 2 background screening for one out of eight (Staff G and H) sampled staff.

Findings include:

On at 6:43 PM found Staff G and H in the facility caring for six residents.

Record review and request for Staff G's and H's personnel record showed that no records were available in the facility for them.

Interviewed on at 6:43 PM, Staff A stated that she was in charge of the facility, and that Staff G and H were not facility staff. They did not have Level II background screening. She stated "Staff G is my niece and Staff H is my friend that was visiting me from Cuba. I left my nice in charge of the facility residents for few minutes because I went to the store to buy cigarettes.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted] & [redacted]. Ana's Elderly Care Inc (License # 11873) had deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes or illness for one out of six sampled residents.

Findings included:

Review of Resident #5's record documented she was admitted to the facility on [redacted] and had a diagnosis of [redacted], and [redacted]. The Health Assessment dated [redacted] indicated she required assistance with the activities of daily living.

Interviewed on [redacted] at 12:33 PM, Resident's #5 daughter stated "My mother [redacted] and had a hip [redacted] in [redacted], 2018. She was sent to a rehabilitation center after being discharged from the hospital."

Interviewed on [redacted] at 1:10 PM, Staff C stated that "Resident #5 had a [redacted] when trying to stand up from the sofa on [redacted]. She was transferred to the hospital via ambulance. She had a hip [redacted]. Her family members were contacted. She went to a rehabilitation center after being discharged from the hospital. She was readmitted to the facility on [redacted]. I documented her progress notes but I did not know where is the documentation right know."

Record review showed Resident #5's record did not have documentation that her primary physician and family member were notified.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, and interview, the facility failed to follow procedures when assisting with medication to one of six (Resident #2) sampled residents. The facility failed to assist the residents with self-administration of medications within one hour of the ordered timeframe for one out of six (Resident #2) sampled residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	05/30/2018
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

Findings included:

Arrived to the facility on . . . . . at 6:43 PM to observe the staff assisting the residents with self-administration of medications.

Observation on at 7:05 PM showed Staff A assisted Resident #2 with her medications. She took one tablet out from the . . . . package of , ... 0.25 mg and . . . . . 100 mg and put them in a cup and walked to Resident's #2 gave the cup to the resident.

Medication Observation Record review showed that , 0.25 mg for Resident #2 was ordered at 9:00 PM.

Interviewed on . . . . . at 7:25 PM, Staff A confirmed that she did not follow the correct procedure.

Class III

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

Based on observation, record review and interview, the facility failed to maintain daily medication observation records (MOR) for one out of six (Resident #1) sampled residents.

Findings as follow:

Interviewed on . . . . . at 7:20 PM, Staff A stated that Resident #1 already took her medications.

During medication reconciliation, the following medications for Resident #1 were kept in the medication cabinet: 100 mg, take one tablet by mouth two times a day and Gapapentin 300 mg, take one tablet by mouth two times a day.

Medication Observation Record review showed that for Resident #1, the facility did not have a record.

Interviewed on . . . . . at 7:15 PM, Resident #1 stated "I already received my medications today."

Interviewed on . . . . . at 7:20 PM, Staff A stated that Resident #1 already took her medications today and she maintained records of those medications, but she was unable to provide it during the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review, and interview, the facility failed to provide proof that the facility's administrator passed the competency test upon completion of the CORE training.

Findings included:

Record review for Staff B, administrator showed that she took the CORE training on , but did not have proof of passing the competency test. Staff B, administrator was hired on .

Interview conducted on at 2:00 PM, Staff B stated that she took the core training but she did not meet the required score of the competency test.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review, and interview, the facility failed to have an employee with First Aid and training in the facility at all times.

Findings included:

Arrived to the facility on at 6:43 PM found Staff G and H in the facility caring for six residents.

Record review and request for Staff G's and H's personnel record showed that no record were available in the facility for them.

Interviewed conducted on at 6:43 PM, Staff A stated that she was in charge of the facility. Staff G and H were not facility staff. Staff G is my niece and Staff H is my friend that was visiting me from Cuba. I left my nice in charge of the facility residents for few minutes because I went to the store to buy cigarettes.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	05/30/2018
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that unlicensed staff that assist residents with self-administration of medications receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for four out of eight (Staff A, B, C and D) sampled staff. The facility failed to ensure the staff receive training in assisting residents with self-administration of medications for two out eight (Staff G and H) sampled staff.

Findings included:

Arrived to the facility on [redacted] at 6:43 PM found Staff G and H in the facility caring for six residents.

Record review and request for Staff G's and H's personnel record showed that no records were available for them.

Personnel record review of Staff A, B, C and D showed that the last 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in a facility. The last training on file for Staff A, B and D was dated [redacted] and for Staff C was dated [redacted].

Interview conducted on [redacted] at 1:55 PM, Staff A stated that she will ensure that her employees are trained on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Interviewed conducted on [redacted] at 6:43 PM, Staff A stated that she was in charge of the facility. Staff G and H were not facility staff. They did not receive training in assisting residents with self-administration of medications. Staff G is my niece and Staff H is my friend that was visiting me from Cuba. I left my nice in charge of the facility residents for few minutes because I went to the store to buy cigarettes.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report with the Agency within one business day and fifteen days for one out of five sampled residents (Resident #5).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

Findings included:

Review of Resident #5's record document she was admitted to the facility on and has a diagnosis of , , , , , , and . The Health Assessment dated indicated she required assistance the activities of daily living.

Interviewed on at 12:33 PM, Resident's #5 daughter stated 'My mother had a hip on , , 2018. She was sent to a rehabilitation center after been discharged from the hospital."

Interviewed on at 1:10 PM, Staff C stated that Resident #5 had a when trying to stand up from the sofa on . She was transferred to the hospital via ambulance. She had hip . Her family members were contacted. She went to a rehabilitation center after been discharged from the hospital. She was readmitted to the facility on . We did not file an incident report with the agency."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review, and interview, the facility failed to provide documentation of the Comprehensive Emergency Management Plan (CEMP) approval.

Findings included:

A review of the facility's record showed the facility did not have the Emergency Management Plan approval letter. The last approval letter on file was dated .

Interview conducted on at 1:45 PM, Administrator stated the Emergency management plan was submitted on but they had not received the approval letter.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review, and interview, the facility failed to ensure the staff received the initial limited mental health (LMH) training within 6 months of employment for one out of eight (Staff B-Administrator)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

sampled staff.

Findings included:

A review of Staff B's file revealed the facility did not have documentation that the staff received the Limited Mental Health (LMH) initial training. Staff B was hired on [redacted].

Interview conducted on [redacted] at 1:55 PM, Staff B confirmed that she did not receive the limited mental health training.

Class III