Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963994	A. BUILDING: _____ B. WING _____	10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRD LAKES FACILITY CARE INC	14279 SW 52 STREET MIAMI, FL 33175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Biennial relicensure survey was conducted at Bird Lakes Facility Care. A deficiency was identified at the time of the survey.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [redacted] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963994	A. BUILDING: _____ B. WING _____	10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRD LAKES FACILITY CARE INC	14279 SW 52 STREET MIAMI, FL 33175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to keep and accurate medication observation record for 5 out of 6 sampled residents (#1, #3, #4, #5 and #6). Findings included: Medication Observation Record review revealed: Resident #1 had the following medications not signed on : 7AM dosage of 0.5% , , Nystop 10000 UN/GM, 500 MG, , 81mg, Disacodyl 5 MG tablet, , 10 mg tablet, 10 mg tablet, , 5 mg, , 20 mg cap, polyethylene 100 mg tab, , 100 mg tab, plus tablet Resident #2 had the following medications not signed on : 7AM: , 5 mg tablet, SOD DR, 25 mg, , 25 mg tab, , 325 mg tablet, , 5 mg tab, , sod dr 250 mg, nystop 100000 units/gm powder, polyethylene , 3350 powd, , 50mg tab, plus tablet, 20% , 325, 81 mg tab Resident #4 had the following medications not signed on : 7AM: , Fum 25mg, , 2.5 mg tab, 12% cream, , 5 mg, , 75 mg tab, , 10 mg tab, , 12.5 mg, , 50 mcg tab, 10 mg tab, , succ er 25 mg, silver 1% crm	A 054		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11963994	A. BUILDING: _____ B. WING _____	10/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRD LAKES FACILITY CARE INC	14279 SW 52 STREET MIAMI, FL 33175

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 054	Continued From page 2 Resident #5 had the following medications not signed on : 7AM: 100 U/ML, 75 mg tab, , CL ER 10, 1 mg tablet, sure comfort ½ cc, 4 mg tab, potas 100 m, cr, , top susp, 3.125 mg, 10 gm, , , fum 50 mg Resident #6 had the following medications not signed on : 7AM: 20 mg tab, , 20 mg tabe, , 0.25mg tab, Vit d 2 50000 units, , 50 mcg, 40 mg, , 75mg tab, , 325 mg, 5 mg, 500 mg, , Review of the medications cards revealed that they were up to date. On at 7AM Staff B stated "I gave out all of the medications about 10 minutes ago. I forgot to sign the book." Class III	A 054		