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
	AL11969267	A. BUILDING: _____ B. WING _____	R 03/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELDERLY R US LLC	2980 NW 84 TERR MIAMI, FL 33147

(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 revisit for a complaint investigation (complaint number 2022000340) at Elderly R Us LLC on . Deficiencies were identified at the time of survey.	{A 000}		
{A 054} SS=E	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 . . . 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 . . . . . , 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}		

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{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 maintain an accurate and up to date Medication Observation Record (MOR) for five out of eight sample residents (Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8). Finding include: A review of Resident's #4 MOR for the month of [redacted] on [redacted], it showed that the [redacted] section of the MOR was left blank. A review of Resident's #5 MOR for the month of [redacted] on [redacted], it showed that the [redacted] section of the MOR was left blank . A review of Resident #6's MOR for the month of [redacted] on [redacted], it showed that the [redacted] section of the MOR was left blank . A review of Resident #7's MOR for the Month of [redacted], on [redacted], it showed that the [redacted] section of the MOR was left blank. It also showed that the staff was continuing to sign the MOR after [redacted] 2.5% cream's order expired. The medication was ordered for 7 days only. The medication was ordered on [redacted]. A review of Resident #8's MOR for the month of [redacted] on [redacted], it showed that the physician's telephone number and the [redacted] sections were left blank. In an interview with Staff A on [redacted] at 11:40 AM, Staff A acknowledged that some information was missing from the MOR.	{A 054}		

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{A 054}	Continued From page 2 Uncorrected/ Class III	{A 054}		