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
	AL11967685	A. BUILDING: _____ B. WING _____	R 06/15/2022

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE
CARING	ASSISTED LIVING II	13025 NW 2 AVENUE NORTH MIAMI, FL 33168

(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 to a Re-Licensure Survey was conducted at Caring . . . Assisted Living II on 15, 2022. A deficiency was identified at the time of 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 . . . 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 observation, interview and record review, the facility failed to immediately update the Medication Observation Records (MOR) each time the medication is offered when assisting four out of six sampled residents (Residents #1, #2, #4, and #6). Finding Included: Review of the MOR showed the Morning (AM) medications (20 mg, 2 mg, 50 mg) for Resident #1 was not updated for . Review of the MOR showed the Morning (AM) medications (40 mg, 1 mg, 5 mg, 1.5 mg, Therems-M Tablet, 5 mg, 50 mg, 25-250 mg) for Resident #2 was not updated for . Review of the MOR showed the Morning (AM) medications (50 mg, HCTZ 12.5 mg, 2.5 mg, Mapap 650 mg, 25 mg) for Resident #4 was not updated for . Review of the MOR showed the Morning (AM) medications (0.1 mg, -HCTZ 20-12.5 mg, 500 mg, 20 mg) for Resident #6 was not updated for . On at 11:59 AM, Staff F stated that she already passed medications to all the residents. She stated, "I'm the one who gives	A 054		

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A 054	Continued From page 2 medications. I gave medications already. All the residents took AM medications already." On at 01:20 AM, observed Owner called Staff F and showed her that the MOR was not initialed. Owner then stated, "I know it's a violation. She was supposed to initial it. I don't know why she didn't do it." Class III	A 054		