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
	AL11967626	A. BUILDING: _____ B. WING _____	R 07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESTORED LIVING FACILITY	1470 NW 174 STREET MIAMI GARDENS, FL 33169

(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 Restored Living Facility on [redacted]. A deficiency was identified at the time of the 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 [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}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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 ensure the residents medication observation record(MOR) were immediately updated each time the medication is offered or administered for two out of four sampled residents (Residents #3 and #4). Findings include: A review of Resident #3's MOR at around 11:30 AM, revealed that the medications , ... 500 MG, ... 50 MG, ... 500 MG, . . 0.075 MG, and . . . . . 1 MG were to be administered at 8:00 AM. Further review of the MOR showed the medications were not signed/initialed as being offered or given to the resident on . . . . . at 8 AM. A review of Resident #4's MOR at around 11:30 AM, revealed that medications . . , ... 25 MG, ... 100 MG, ... 80 MG, ... MEQ, ... 750 MG, ... 50 MG, and 5 MG were to be administered at 8:00 AM. Further review of the MOR showed the medications were not signed/initialed as being offered or given to the resident on at 8 AM, and also . . . . . 100 MG was prescribed for 10 AM, was not signed/initialed as being offered or giving to the resident on . . . . . at 10 AM. During an interview on . . . . . at 11:30 AM, when asked why the MORs were not updated, Staff B stated, " the medications were given not too long ago." Uncorrected	{A 054}		

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