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
	AL11967900	A. BUILDING: _____ B. WING _____	05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MGR HOME #2 INC	13620 S W 119 STREET MIAMI, FL 33186

(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 generator monitoring survey was conducted at MGR Home #2 Inc. on . Deficiencies were identified at the time of the survey.	A 000		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has	A 055		

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A 055	Continued From page 1	A 055		

been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered

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A 055	Continued From page 2 abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that medications were always locked. Finding included: Observation on at 11:10 AM showed that there were unsecured over the counter medications and supplements inside an unlocked cabinet in resident # . Further observation revealed a bottle of 10,000 mg, a bottle of C 1000 mg and a bottle of a pharmacy labeled liquid medication (Photographic evidence obtained) Interviewed on at 11:12 AM Staff B stated, "That belongs to the Resident, she is not here now. She likes to keep it in her room" interviewed on at 11:45 AM, the Owner stated that she would secure all medications. Class III	A 055		

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A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .	A 152		

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A 152	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment, free of hazards to the residents. There were hazardous household chemicals accessible to the residents as well as hazardous materials and conditions in the residents' common use areas. Findings included: Observation on at 11:20 AM showed there was a bottle of bleach inside an unlocked heater closet in the hallway that was accessible to the residents (Photographic evidence obtained) Observation on at 11:22 AM showed a terrace and patio area that was accessible to the residents. Further observation showed there was a step ladder, a can of paint, a bottle laundry detergent and a bottle of floor on the terrace. Further observation showed pieces of broken ceramic pots, a wood pallet, discarded durable medical equipment, a rusty metal bed frame, 2 rusty bicycles, cans of gasoline, pieces of broken wood furniture, a deteriorated wood perimeter fence at risk of falling supported by loose pieces of 2x4 wood in the patio area (Photographic evidence obtained) Interviewed on at 11:25 AM Staff B stated, "Yes, the residents come out here [the terrace and patio area], not so much now because it is hot" Interviewed on at 11:45 AM the Owner stated that she would correct the hazardous conditions in the facility. Class III	A 152		

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A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the staff were able to implement the emergency plan. Staff B did not know how to start the emergency power generator. Findings included: Observation on at 11:00 AM showed that Staff B was on duty alone in the facility caring for 5 residents. Further observation on at 11:15 AM showed that Staff B attempted to start the emergency power generator for several minutes using a push button and the generator did not start. Further observation showed that Staff B tried again to start the generator, but the generator would not start. Staff B never used the generator starter pull cord and the generator never started. Interviewed on at 11:25 AM Staff B stated, "I don't know why it doesn't start. I am very nervous"	A 182		

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A 182	Continued From page 6 Observation on at 11:40 AM showed that the Owner arrived and started the generator using the starter pull cord. The Owner stated, "The generator is good. She was nervous and could not start it" Class III	A 182		