STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964718	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mariluca 1	8411 Sw 21 Street Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was performed at Mariluca I on , 2013. The following deficiencies were found at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the facility failed to renew the physician's order for the use of half side rail and to obtain a consent for use of half side rail from the resident or resident's representative for 1 out of 6 sampled residents (# 1).

Findings include:

Observation on at 11 am revealed that resident # 1 uses half side rail.

Record review on of resident #1 revealed that last prescription for use of side rail was dated and that there is no consent for use of half side rail signed by resident or resident's representative.

Administrator acknowledged findings on interview done on at 11:10 am. Administrator stated that she did not know that the prescription for half side rail for this resident was dated . Administrator acknowledged that there was no consent sign for use of half side rail in resident's file.
Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record and interview facility failed to keep a copy of the level II background screening in the personnel records for 1 out of 4 sampled staff (staff # B).

Findings Include:

Personnel record review on of staff # B revealed that she was hired on . There is no copy of the Level II Background Screening in staff # B file.

On interview with administrator on at 12:30 pm she stated that she forgot to put a copy of Level II

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SUMMARY STATEMENT OF DEFICIENCIES
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Background Screening in the personnel records of staff # B.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to obtain an statement from a health care provider of freedom from communicable and within 30 days of hire for 1 out 4 sampled staff (staff # B). Based on record review and interview facility failed to document freedom from on an annual basis for 2 out of 4 sampled staff (staff # C, #D).

Findings include:

Personnel record review on of staff # B revealed that staff B was hired on . There is not communicable status and status in her record.

Personnel record review for staff # C revealed that last statement was done on .

Personnel record review for staff # D revealed that last statement was done on .

On at 1:30 pm administrator acknowledged findings on interview.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, record review and interview facility failed to arrange a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices for staff who prepare or serve food, who have not taken the assisted living facility core training.

Findings include:

Observation on at 9 am revealed that Staff # B was cooking for the residents.

Personnel record review on of staff # B revealed that staff B was hired on and there was no documentation in staff # B file to support that staff # B took the Safe Food Handling Practices training within 30 days of being hired.

Administrator acknowledged the findings on interview on at 12:30 pm.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview facility failed to obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in

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an assisted living facility for 1 out of 4 sampled staff (staff # C).

Findings include:

Personnel record review on of staff # C revealed that staff # C took the 4 hours Initial Assistance with Self Administration of Medications training on and has not taken the required annual minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

On interview on at 1:00 pm administrator acknowledged the findings.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on observation, record review and interview facility failed to obtain an annual minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility for 1 out of 4 sampled staff (staff # B).

Findings include:

Observation on at 9:00 am revealed that staff # B was preparing lunch for the residents.

Personnel record review on for staff # B revealed that there is no documentation of staff having taken the 2 hours annually Nutrition and Food Service training.

Administrator acknowledged findings in interview on at 12:30 pm.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview facility failed to maintain a copy of the resident's contract with the facility for 1 out of 6 sampled residents (#2). Facility failed to obtain documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable for 2 out of 6 sampled residents (#1, #2).

Findings include:

Record review on of resident #2 revealed that there is no copy of resident's contract with the facility available in the resident record. Record review for resident # 2 revealed that that resident's son signed all documentation needed to be signed by resident or representative, but there is no paperwork appointing him as representative for the resident.

Record review on of resident # 1 revealed that resident's niece signed the contract with the facility

and all documentation needed to be signed by resident or representative, but there is no paperwork appointing her as representative for the resident.

Administrator on interview on at 11:50 am acknowledged findings. Administrator acknowledged that resident # 2 has a contract with the facility that must has been missplaced.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review and interview facility failed to excute a contract with the resident or the resident legal representative prior to or at the time of admission.

Findings include:

Record review on of resident #2 revealed that there is no copy of resident's contract with the facility available in the resident record. .

Administrator on interview on . at 11:50 am acknowledged that resident # 2 has a contract with the facility that must has been missplaced.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2013

Administrator
Mariluca 1
8411 Sw 21 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 10/3/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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