STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	08/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Morningside Manor, Inc	200 South Drive Miami Springs, FL 33166	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey was conducted in your Assisted Living Facility on Morningside Manor Inc, had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to obtain an up to date health assessment (1823) form for 2 out of 2 sampled residents (#2 and #3).

Findings include:

1. Record review for resident #2 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on with primary diagnosis listed as . Record review of residents health assessment (completed on) found that assessment did not include that resident was under Hospice care, did not indicate medication mode for the resident and diet orders. Administrator stated on at11:40 am that about a year ago residents diet was modified to mechanically soft but no information of diet order was at residents health assessment.

2. Record review for resident #3 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on with primary diagnosis listed as . Record review of residents health assessment (completed on) found that assessment did not include that resident was under Hospice care, and did not include diagnosis.

Administrator acknowledged the findings on - at 2:00 pm

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview facility failed to document the development of as for 2 out of 2 sampled residents (#2 and #3), that have documentation of residents change in condition that lead to the provision of additional services (Hospice) for 2 out sampled residents (#2 and #3) and to have significant changeS documented in residents Health Assessment for 2 out of 2 sampled residents (#2 and #2).

Findings include:

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1. Record review for Hospice resident #2 found that resident received care by a hospice for a in the sacral area that was developed on and measured 3x1x0.1. On was a and measured 6xc6x0. healed on . Record review revealed no documentation of resident ' s development of in residents file.
Record review for Hospice resident #3 found that resident received care by a hospice for a unstageable at the left heel area that was developed on and measures 2.5x2x.5. healed on . Record review revealed no documentation of resident ' s development of an in residents file.

2. Record review for resident #2 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on with primary diagnosis listed as . Record review of resident found no progress notes indicating residents change in condition that lead to the provision of additional services (Hospice). Health assessment (completed on) found that assessment did not include that resident was under Hospice care, did not indicate medication mode for the resident and diet orders. Administrator stated on at11:40 am that about a year ago residents diet was modified to mechanically soft but no information of diet order was at residents health assessment.
Record review for resident #3 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on with primary diagnosis listed as
Record review of resident found no progress notes indicating residents change in condition that lead to the provision of additional services (Hospice). Record review of residents health assessment (completed on) found that assessment did not include that resident was under Hospice care, and did not include diagnosis.

Administrator stated on - at 11:00 a.m. that in all the years that she worked in the facility never a surveyor requested progress notes of any kind said " that must be a new requirement".

Class III

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

Based on observation and interview facility failed to obtain consent for the usage of bed rails for 2 out of 2 sampled residents (#2 and #3).

Observation at 8:30 a.m. revealed that there was a set of half rails placed at resident #2 and #3's beds respectively. Record review for resident #2 and #3 found no consent for the usage of half bed rails.

Administrator stated on - at 2:00 pm that she was not aware of the requirement and never in the eight years that worked for the facility a surveyor ever requested consent for the usage of bed rails.

Class III

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

Based on record review and interview facility failed to obtain a freedom from statement on an annual basis for 1 out of 4 sampled staff (#D).

Findings include:

Record review for staff #4 (caregiver hired) found that the most recent freedom from statement was completed on and expired on .

Administrator acknowledged the findings on - at 2:00 pm

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview facility failed to have a menu dated a week in advance and to have copies of menus served in the last 6 months with substitutions noted.

Findings include:

Observation on - at 8:15 a.m. found that menu posted was not dated. Furthermore there was no evidence of substitutions for menus served in the last 6 months.

Administrator acknowledged the findings on - at 2:00 pm

Class III

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

Based on observation record review and interview facility failed to obtain weight records semiannually for 2 out of 2 residents (#2 and #3) that needed assistance with their activities of daily living, a referral for Hospice evaluation for 2 out of 2 sampled residents (#2 and #3) and order of therapeutic diet for 1 out of 2 sampled residents (#2).

Findings include:

1. Record review for resident #2 found that last documentation of resident ' s weight took place on . Record review for resident #3 found that last documentation of residents weight took place on .Health assessment review for resident #2 and #3 revealed that both needed assistance with activities of daily living.
2. Record review for resident #2 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on 8-4-09 with primary diagnosis listed as . Record review for resident #2 found no referral for Hospice evaluation for the resident.
Record review for resident #3 found that she was admitted to the facility on . Further review revealed that resident was admitted to Hospice on with primary diagnosis listed as .

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Record review for resident #3 found no referral for Hospice evaluation for the resident
3.Administrator stated on at11:40 am that about a year ago resident #2s diet was modified to mechanically soft but no information of diet order or modified Health Assessment was at residents file. Resident was observed eating a mechanically soft lunch at - at 12:30 pm.

Administrator acknowledged the findings on - at 2:00 pm.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Morningside Manor, Inc
200 South Drive
Miami Springs, FL 33166

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 10/19/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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