STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	03/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-03/27/2014
0009-Admissions - Admission Package-03/27/2014
0026-Resident Care - Social & Leisure Activities-03/27/2014
0079-Staffing Standards - Levels-03/27/2014
0083-Training - First Aid And
L243-Lmh - Training-

Revisit Repeat Tags:
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0162-Records - Resident-58a-5.024(3) Fac
L241-Lmh - Records-58a-5.029(2) Fac

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0054-Medication - Records-58a-5.0185(5) Fac
Z827-Unlicensed Activity-408.812, Fs

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated survey was conducted on , 2014. Greenview had deficiencies at the time of survey.

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

Based on observations and interview the assisted living facility failed to honor resident rights for privacy for 1 out 7 (#4) sampled resident.

Findings:

On at 9:09 am, facility hides a box full of medication that belonged to resident #7. These medications were inside resident #4's .

On at 9:12 am, surveyor observes medication date and one bingo card was expired; per staff C resident #7 was still drinking that medication bingo card. (200 mg, tab exp)

Staff C states, he did not know about these medications.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations, record review, and staff interview the assisted living facility failed to maintain the daily medication observation record (MOR) for 1 out of 7 (#7) sampled residents.

Findings include:

On at 9:00 am observation of record review found that resident #7's daily medication log was not recorded in the medication observation record (MOR).

On at 9:00 am, during an interview, surveyor asked for the medication record book. Staff C provided the medication observation record (MOR), and resident #7 medication information was not filed in MOR.

On at 10:14 am, Staff C admitted to assist resident #7 with self-administration medication daily. She stated to follow medication bingo card indications (Morning and evening).

Staff B was present when staff C admitted to follow medication bingo card (Morning and evening).

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to keep refrigerated medications locked at all times.

Findings include:

During facility tour conducted on at 9:47 a.m., the following medications were observed in the refrigerator with door unlocked: 100 units and inj.

Interview with staff C on at 9:47 am revealed that the refrigerator should have been locked. The nurse left the refrigerator door unlocked, when he was administrating ( ) to residents # 4, 7.

Class III

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

Based on record review and interview, the facility failed to keep on file an updated documentation of freedom from for 2 out of 3 staff records reviewed (Staff A, C).

The findings include:

Personnel record review on revealed that Staff A, C did not have annually documented proof of freedom from

On at about 1:00 PM stated that the facility did not have the updated documentation of freedom from

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

for Staff A, C.

Class III

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

Based on record review and interview the facility failed to the annually renew (2 hour) training on providing assistance with self-administered medications for sampled staff B.

Findings include:

Record review on for sampled staff B (hired) had no documentation that he received the 2 hour training on providing assistance with self-administered medications and safe medication practices in an ALF.

Interview conducted on with the administrator confirmed they did not have documentation stated staff B received training in assistance with self-administration of medication.

Class III

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

Based on record review and interview the facility failed to maintain resident records with ( ) for 3 out 3 sample residents.

Finding included:

On at 1:00 pm, record review revealed that residents (# 2, 3, and 4) have and the records are incomplete.

On at 4:00 pm, interview with staff B stated that it had been difficult to get signatures from residents (#2, 3, and 4) especially resident #2.

Class: III

L241-LMH - Records 58A-5.029(2) FAC

Based on observation, the Limited Mental Health admission and discharge log revealed that facility failed identifying 7 out 7 LMH (residents # 1,2,3,4,5,6,7) sampled residents.

Findings include:

On at 11:20 am, Record review of admission and discharged log revealed that any of the seven limited mental health residents (#s 1,2,3,4,5,6,7) in the facility were not clearly identified on the admission and discharge

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log as LMH residents.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review, and interview the facility failed to submit to the Agency 60 to 120 days in advance a request modify the licensed capacity. The facility exceeded the licensed capacity of 6 beds.

Findings include:

Observation during facility tour on at 9:00 a.m. found that # has a total of 3 beds (residents # 3, 6, 7) in a 2 residents.

Record review found that the facility had 6 residents listed on its admission and discharge log. Resident # 7' name is not in the admission and discharge book. On the other hand, in his chart there are two agreements; one as resident (signed on) and the other as Daycare client (signed on).

Interview on at 10:14 a.m. with staff B stated, " Resident #7 is a Daycare client.

On (9:09 am / 9:17 am / 1:34 pm) an interview with staff C revealed (three times) that resident #7 is a resident of the facility.

On at 9:40 am, an interview with resident #7 revealed that, " I like to live here and my #4. I have my clothes in this dresser, and this is my bed."

On at 1:20 pm, an interview with 2 out of 6 sampled residents (#4, 6) revealed that resident #7 lived in the facility and sleep in # .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Greenview
1701 Sw 87 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a revisit survey to a bienial conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

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