STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**03/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	**860 Nw 186 Dr Miami, FL 33169**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Survey was conducted on , 2014. Maud's Place had deficiencies identified at time of survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview facility's staff did not follow appropriate procedures when assisting with self administration of medication for 1 out of 6 sampled residents (#1).

Findings include:

Observation on , 2014 Satff C was observed opening the locked cabinet, taking out the medication, and punching out with a knife in a cup. Resident #3 was then handed the cup with medication. He swallowed the pills and drank some water. Staff C did not advise and prompt the resident of what he taking. There was no medication obervation record to sign for the resident.

On at 2:45 p.m. staff C acknowledged she did ot follow the steps for assisting with self-administered medications.

Class: III

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

Based on observation, record review and interview the facility failed to have daily a medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration 1 out of 6 (#3) sampled residents.

Findings including:

On at 9:30 a.m. resident #3 was observed by staff C reieving his morning medications. Record review revealed the facility did not have resident #3's medication sheet available for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**03/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	**860 Nw 186 Dr Miami, FL 33169**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with Staff C is asked for the medication sheet and stated, "I do not know where it is."

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview, the facility failed to have documentation of the administrator having a high school education diploma on file or a general equivalency diploma for 1 out of 5 (staff A).

Findings includes:

Record review revealed that the administrator (staff A) did not have her high school diploma in her file.

Interview on at 3:00 p.m. with the staff A confirmed she did not have a copy of high school diploma in the file and stated she did not know where it is.

Class III

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

Based on record review and interview facility administrator or managers failed to provide or arrange for the following in-service training to 1 out of 5 (#B and E) direct care staff.

Findings include:

Staff B was observed on at 12:03 p.m. making residents beds, assisting residents to ambulate and transfer.

Personnel record review on revealed that sampled staff #B, (hire date unknown) and staff E (hire date unknown, night shift) did not have documentation of being trained in:

1. ..... control, including universal precautions, and facility sanitation procedures before providing personal care to residents.
2. Reporting major incidents.
3. Reporting adverse incidents.
4. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
5. Resident rights in an assisted living facility.
6. Recognizing and reporting resident , neglect, and
7. Resident behavior and needs.
8. Providing assistance with the activities of daily living.
9. Elopement Policies and Procedures
10. Safe Food Handling

Interview on at 3:20 p.m. with Staff C stated, "I can not find the files.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	03/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	860 Nw 186 Dr Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on observations, record review and interview the facility administrator failed to ensure that 2 out of 5 (B & E) sampled staff receive the required / training within 30 days of employment.

Findings include:

Staff B was observed on at 12:03 p.m. making residents beds, assisting residents to ambulate and transfer.

Personnel record review on revealed that sampled staff B, (hire date unknown) and staff E (hire date unknown, night shift) who provides direct care to residents did not have documentation in being trained in / .

Facility's record review on for staff B and E file were not available for review.

Interview with caretaker staff C on at 3:20 p.m. stated she could not find the file for staff B and E.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation, record review, and interview the facility failed to ensure that 3 out of 5 (B, C, and E) sampled staff have current and First Aid certification and holds a currently valid card documenting completion of such courses must be in the facility at all times.

Findings include:

Staff B was observed on at 12:03 p.m. making residents beds, assisting residents to ambulate and transfer. Staff B left at 12:00 p.m. Staff C was left alone to care for residents.

Personnel record review on revealed that sampled staff #B, (hire date unknown) and staff E (hire date unknown, night shift) who provides direct care to residents did not have documentation of the First Aid and Staff C did not have documentation proving she completed the First Aid training.

Interview with caretaker staff C on at 3:20 p.m. stated she could not find the file for staff B and E.

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 have the a minimum of 2 hours of continuing education training for 1 out of 5 (#A) sampled staff.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**03/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	**860 Nw 186 Dr Miami, FL 33169**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings include:

Record review found that staff #A did not have documentation of receiving the 2 hours annual update in assisting with self-administration of medication.

Administrator acknowledged during interview conducted on : at p.m. that staff #2 did not follow appropriate procedure when she will have her retrain in medications.

Interview with caretaker staff C on at 3:20 p.m. stated she could not find the training in the file.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on personnel record review and staff interview the facility failed to ensure that 5 out of 5 (#A, B, C, D, and E) sampled staff members received ( ) training.

Findings include:

Record review revealed that staff #A, B, C, D, and E did not have any documentation of completing at least one hour of training within 30 days of employment.

Interview with caretaker staff C on at 3:20 p.m. stated she could not find the training in the file and Staff B and E's file.

Class III

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served.

Findings Include:

Observation made on at 12:00 p.m. of lunch the residents were served Chicken, mixed vegetables, mashed potattoes with cheese,and an option of grape and apple juice.

Review of the menu has the lunch listed to be served as Pork chops, ricem green beans, mixed salad, ice cream and appli juice. The substitution were not documented at all on the menu or anywhere else.

Interview with caretaker staff C on at 3:20 p.m. acknowledge findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**03/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	**860 Nw 186 Dr Miami, FL 33169**	

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

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive a minimum of 6 hours training provided by or approved by the Department of Children and Families Services for 3 out of 5 (B, D and E) sampled staff.

Finding included:

Record review on , 2014 document that staff B, D, and E had no documentation of having completed the required minimum 6 hours training for administrator and staff who are in direct contact with mental health residents. Staff B (hired date unknown) and staff D (hired) and Staff E (hire date unknown).

Interview with caretaker staff C on at 3:20 p.m. stated she could not find the training in the file and Staff B and E's file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maud's Place
860 Nw 186 Dr
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121