STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maria Adult Care #2	400 Sw 76 Court Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on . Maria Adult Care #2 had deficiencies at the time of the survey.

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

Based on observation, record review, and interview the Assisted Living Facility failed to have doctor's order and resident or family consent for the use of half-bed rails for three out of eight sampled residents (#1, #2, #3). The facility failed to have documentation that half bed rail orders were reviewed on an annul basis for two out of eight sampled residents (#4 and #7). The facility failed to have limit to half bed rails for one of eight sampled residents (#5).

Findings include:

1. Observed on at approximately 9:15 a.m. that beds in #1, #2, #4, and #5 (both beds) had half bed rails. Also in # full bed rails attached to the bed.

2. Record review for residents #1, #2, and #3 found that they did not have any records in the facility. Residents #1, #2 and #3 did not have doctor's orders or signed consents for the use of half-bed rail.

Record review for residents #4 and #7's files revealed that were doctor's orders for the use of half-bed rail dated and signed by a medical doctor on . The facility did not have any documentation that a doctor reviewed the bed rail order within one year.

Record review for resident #5's file revealed that consent to the use of half-bed rail . Record review found that the consent form was limited to half bed rails for resident #5.

3. In an interview with administrator on at approximately 9:25 a.m. revealed that residents #1,#2,#3, #4 and #7 used half-bed rails up while on bed and resident #5 used full bed rail up while on bed.
Class III

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

Based on record review and interview the Assisted Living Facility failed to have resident records for three out of eight sampled residents(#1, #2, and #3).

Findings include:

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1. Record review for residents #1, #2 and #3 found that they did not have any records in the facility. Record review found that residents #1 was admitted on , resident #2 was admitted on , and resident #3 was admitted on

2. In an interview with the administrator on at approximately 9:55 a.m. confirmed that the residents did not have records.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation and interview the Assisted Living Facility exceed the licensed capacity of six residents.

Findings include:

1. Observation during a general tour of the facility on at approximately 9:15 a.m. with administrator revealed that there were seven residents in the facility at the time of the survey, residents #1, #2, #3, #5, #6, #7 and #8 .

2. In an interview with administrator on at approximately 9:20 a.m. she revealed that there were 8 residents in the facility at the time of the survey. They lived in the facility, received assistance with activities of daily living and with self-administration of majority of medications. Resident #4 was not in the facility at that moment because she went to a doctor appointment that morning with her son.

In an interview with owner on at approximately 9:55 a.m. she confirmed that there were 8 residents living in the facility at the time of the survey. She acknowledged that facility exceeded the amount of residents allow by license (6 beds), and the residents who lived in the facility were residents #1, #2, #3, #4, #5, #6, #7 and #8.

Resident #1 was interviewed on at approximately 10:53 a.m. and revealed that she lived in the facility for a year.

Resident #2 attempted to interview on at approximately at 10:40 a.m. but she was disoriented to place and time.

Resident #3 was interviewed on at approximately 10:20 a.m. and revealed that he lived in the facility for few days.

Resident #5 was interviewed on at approximately 10:50 a.m. and revealed that she lived in the facility for almost two years and she loved it.

Resident #6 was interviewed on at approximately 10:55 a.m. and revealed that she lived in the facility for few years.

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Resident #7 was interviewed on at approximately 11 a.m. and revealed that she lived in the facility for two years.

Resident #8 was interviewed on at approximately 10:30 a.m. and revealed that he lived in the facility less than a week.

Class: Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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