STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911679	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gables Manor Independent #1	6355 Sw 2nd Street Miami, FL 33144	
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services monitoring survey was conducted on . Gables Manor Independent #1 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 a doctor's order for the use of full bed rails for one out of four sampled residents (Resident #4).

The Findings included:

1. Observation on at 11:40 a.m. revealed, resident #4 was resting in bed with full bed rails in the up position.

2. Record review of resident #4's resident file revealed, there was a doctor's order for the use of half bed rails dated and signed on .

3. In an interview with the facility's contracted nurse on at 12:20 p.m. revealed, he thought the hospice doctor had given the order for full bed rails.

Class III

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

Based on interview and record review, the Assisted Living Facility failed to have an up-to-date interdisciplinary plan of care for a hospice patient, this affected one out of four sampled residents (Resident #3).

The Findings included:

1. In an interview with caregiver-A on at 11:35 a.m. she revealed, there was a resident in the facility that had a (endoscopic - the resident was fed via a tube inserted to the stomach thru the wall) and that the resident with the was resident #3. The Facility's contracted registered nurse who was a RN (Registered Nurse) was completing resident #3's feedings.

In an interview with the hospice nurse via telephone on at 12:26 p.m. revealed, he included information about resident #3's in his nursing notes, but he did not have the information in the facility's records, and he did not update the plan of care yet. Resident #3 received tube feedings by the facility's contracted nurse.

In an interview with the facility's contracted nurse via telephone on at 12:40 p.m. revealed, he did not

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know that hospice had not updated the plan of care. He reported, he fed resident #3 via tube twice a day, but he did not have time to place nursing notes and the nursing assessment with this resident in the facility records.

2. Record review of resident #3's resident file revealed, there was an interdisciplinary plan of care done by hospice on and it was review on . The Plan of care did not have any documentation about resident #3 having a , the type of feeding used via , the frequency and who was performing care and feedings.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on interview and record review, the Assisted Living Facility failed to have a record for a resident receiving nursing services, the nursing progress notes and the nursing assessment for a resident receiving feeding via endoscopic ( ) by the limited nursing services (LNS) contract nurse for one out of four sampled residents (Resident #3).

The Findings included:

1. In an interview with caregiver-A on at 11:35 a.m. she revealed, there was a resident in the facility that had a (endoscopic - the resident was fed via a tube inserted to the stomach thru the wall) and that the resident with the was resident #3. The Facility's contracted nurse who was a RN (Registered Nurse) was completing resident #3's feedings.

In an interview with the hospice nurse via telephone on at 12:26 p.m. revealed, he included information about resident #3's in his nursing notes, but he did not have the information in the facility's records, and he did not update the plan of care yet. Resident #3 received tube feedings by the facility's contracted nurse.

In an interview with the facility's contracted nurse via telephone on at 12:40 p m revealed, he did not know that hospice had not updated the plan of care. He reported, he fed resident #3 via tube twice a day, but he did not have time to place nursing notes and the nursing assessment with this resident in the facility records.

2. Record review of resident #3's file revealed that there were not nursing progress notes and nursing assessment done by the LNS nurse for resident #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014
Amended

Administrator
Gables Manor Independent #1
6355 SW 2nd Street
Miami, FL 33144

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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

Enclosure
XG90

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