STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965206	09/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Miami Health Facility Inc	7650 Sw 64th Ct Miami, FL 33143	
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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey was conducted on , 2014. South Miami Health Facility Inc. had the following deficiencies at time of the survey:

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

Based in observation, record review, and interview the facility failed to ensure 1 out 6 (#4) residents sampled to had documentation of a doctor 's order and resident consent for the use of half (1/2) bed rails.

Findings included:

Observation on at 9:30 am revealed that resident #4 had a ½ bed rails attached to the bed in .

Record review for resident #4 revealed that she did not have a doctor 's order for 1/2 bed rails and a signed resident consent for the use of ½ bed rails.

Interview on at 11:00 am with administrator revealed that she did not have a doctor order for the ½ bed rail because resident #4 had a different doctor and it is more difficult to obtained the order from him. However, she would asked the family member to get a doctor 's order and a signed resident consent for the used of ½ bed rails.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview the facility failed to have at least 2 elopement drills performed per year.

Findings included:

Record review revealed the last elopement drill the facility performed was dated .

On at 10:50 a.m., the administrator reviewed the elopement drill book; however, there was no elopement drill updated at time of survey. Interview on at 11:00 a.m. with administrator confirmed that the last elopement drill performed in facility was on .

Class III

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

Based on record review and interview the facility failed to maintain the medication observation records (MOR) for 1 out of 6 (#2) sampled residents.

Findings included:

Record review found that resident #2's MOR was initialed as given for 500 milligrams (MG) by the administrator and staff A from to at 8:00 am. The MOR documented that the medication was ordered on .

Information was reviewed with the facility's Administrator on at 12:12 p.m. and she confirmed that the 500 MG Tab for resident #2 was not recorded properly at the MOR. An interview with administrator revealed that the 500 MG Tab was prescribed per three days, but it was mistakenly signed from to .

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation and interview the facility failed to ensure Over The Counter (OTC) medications were labeled.

Findings included:

During a tour on at 9:30 am observed medication storage cabinet in the kitchen area. The cabinet had OTC medications which were not labeled with residents' names. Observed the following medications: Milk of Magnesia ( ), , MegaRed , Omega -3, Centrum Silver, , Pain Relief 200 mg , extra strength pain relief, and ,).

Interview with the administrator on at 12:12 pm, she stated that she did not know that the OTC medication needs to be labeled. Administrator stated that those medications mostly came from residents' family members.

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 provide documentation that 1 out of 3 (B) staff sampled received 4 hours of providing assistance with self-administration of medication training.

Findings included:

Personnel record review revealed staff A did not have documentation of completing 4 hours of providing

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assistance with self-administration of medication training.

Interview with administrator on at 12:30 pm, she acknowledged that staff B did not have 4 hour training of self-administration of medication assistance.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have a completed job application with references for 1 out of 3 (B) staff sampled.

Findings included:

Record review revealed that staff B (hired I/) did not have a completed employment application with references available for review during the survey.

Interview with the administrator on at 11:40 am confirmed that staff B did not have a competed application with references.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review, and interview the facility failed to provide evidence of a completed Level II background screening for 1 out of 3 (B) staff sampled who access to residents' living areas.

Findings included:

Observations on from 9:00 am to 2:50 pm found revealed that staff B was in the facility cooking and around the residents' living areas during the entire survey.

Record review revealed staff B (hired on I/) did not have a completed level 2 background screening available for review. The agency's background screening website was checked and it revealed that staff B was not found.

Interview on at 12:00 pm with the administrator revealed that staff B did not work at the facility but she had access to the facility living area (where residents reside) and she cooked. Per the administrator, she did not know that staff B needed to have her background screening checked to cook and have access to the residents' living area. Moreover, administrator acknowledged that she did not have documentation of background screen for staff B.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Miami Health Facility Inc
7650 Sw 64th Ct
Miami, FL 33143

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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
XG90

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