STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	10/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Residences, Inc	19940 Sw 124 Court Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint (CCR #2014008979) Investigation survey was conducted on , 2014. Martin Residences, Inc had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview, the provider failed to ensure that 1 out of 3 (#3) sampled resident had a face-to-face medical examination 60-days prior to the admission date or within 30 calendar days of the admission date.

Findings included:

A review of SR #3's file revealed SR #3 was admitted to the facility on , 2013. A health assessment documented on AHCA Form 1823 dated , 2012. Further review revealed no documentation showing SR#3 had a face-to-face medical examination 60-days prior to the admission date or within 30 calendar days of the admission date.

On , 2014 at 12:01 PM, the administrator reviewed SR #3's file and acknowledged it did not contain documentation showing SR #3 had a face-to-face medical examination 60-days prior to the admission date or within 30 calendar days of the admission date.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the provider failed to have a completed health assessment as part of the continued residency criteria for 2 out of 3 (#1 and #2) sampled residents (SR).

Findings included:

A review of SR #1's file revealed SR #1 was admitted to the hospital on , 2014 and discharged from the hospital on , 2014. The last documented health assessment was conducted revealed the date was not documented, the physician's opinion section was not marked off, and the medication list was not completed.

On , 2014 at 11:08 AM, the administrator reviewed the assessment, acknowledged the assessment was incomplete and stated that the health assessment came from the doctor at the hospital when the resident returned on , 2014.

A review of SR #2's file revealed SR #2 was admitted to the facility on , 2013. An initial health assessment

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was conducted on , 2013 and the last health assessment was conducted on , 2014. Further review of the last health assessment revealed Section 2-A and Section 2-B were incomplete, and the physician 's opinion section was not marked off.

On , 2014 at 11:38 AM the administrator acknowledged SR#2's health assessment was incomplete.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the provider failed to maintain a written record of any significant changes, any illnesses that resulted in the medical attention for 1 out of 3 (#2) sampled residents (SR).

Findings included:

A review of SR #2's file revealed SR #2 was admitted to the hospital on , 2014. Further review of SR#2 's file revealed no written record of any significant changes, any illnesses that resulted in SR #2 receiving medical attention.

On , 2014 at 11:38 AM, the administrator stated that SR #2 refused to go to . This time she refused to go to the , she got worst and that 's when she went to the hospital. On , 2014 at 11:45 AM, the administrator acknowledged there were no written record of the SR #2 's significant change in health and when she refused the treatment. He stated that he does called SR #2 ' s doctor and SR#2 's daughter but did not write the information in the file.

Class III

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

Based on record review and interview, the provider failed to ensure 1 out of 3 (#3) sampled resident (SR) record contained a copy of the written informed consent form for assistance with medication by unlicensed personnel.

Findings included:

On , 2014 at 11:56 AM, SR #3 acknowledged receiving assistance with medication, stating that they (staff) give the medications to him in his hand.

A review of SR #3's record revealed it did not contain a copy of the written informed consent for assistance with medication by unlicensed personnel.

On , 2014 at 12:16 PM, the administrator acknowledged the consent form for assistance with medication from unlicensed personnel was not in SR #3's file, stating " it is true.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

22, 2014

Administrator
Martin Residences, Inc
19940 Sw 124 Court
Miami, FL 33177

Complaint: 2014008979

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted 7, 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 /2014 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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