| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910987 | 01/29/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Maggie's Retirement Home** | **7930 Sw 11 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

**Specific Tag Findings:**

**0000-Initial Comments**

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit On Maggie's Retirement Home had a deficiency at the time of the visit.

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

Based on observation, interview, and record review, the assisted living facility failed limited to half bed rails for 1 of 3 sampled residents (#1).

Findings included:

On at 9:00 AM tour of the facility found full bed rails on Resident #1's bed.

On at 9:05 AM, an interview was conducted with Staff A and Staff B. Both staff stated that Resident #1 was not on hospice. Staff A and B stated Resident #1 was on Hospice but " they took her off."

On at 10:07 AM, an interview was conducted with the ALF Manager. The Manager stated Resident #1 was no longer on hospice and resident was discharged from hospice last week. The Manager stated she did not know who put up the full bed rails and the full bed rails were used when Resident #1 was on hospice.

On at 10:22 AM, an interview was conducted with the ALF Administrator. The Administrator stated Resident #1 was discharge from hospice within the past week. The Administrator stated the handy man for the facility put the full bed rails on Resident #1's bed and the facility staff did not know how to shorten the rails.

On at 10:57 AM, an interview was conducted with Resident #1's daughter. The Daughter stated Resident #1 was on hospice but was taken off hospice due to the need of medical attention.

On a record review of Resident #1's file revealed a hospice discharge form dated . The form indicated that Resident #1 no longer received hospice services as of .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maggie's Retirement Home
7930 Sw 11 Street
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2015 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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