STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & M Comprehensive	280 West 56 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 429.26(11) Fs; 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other 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 Standard Biennial survey was conducted on and M & M Comprehensive had the following deficiencies found at the time of the survey:

0007-Admissions - Criteria 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, record review, and interview the facility failed to ensure that 1 out of 7 (#7) residents admitted to the facility met the admission criteria. The facility failed to ensure that 1 out of 7 (#7) sampled residents was able to complete activities of daily living with assistance.

Findings included:

Resident #7 was observed lying in her bed staring up at the ceiling and looked very contracted on at 10:50 am. The resident was unresponsive, Resident #7 did not respond when questioned and continued staring up at the ceiling.

Record review showed Resident #7's health assessment dated . The assessment stated Resident #7 has , , and . Resident #7's service requirements stated resident was in need for physical and Special precautions were precautions. The activities of daily living sections for ambulation, bathing, dressing, eating, self care ( ), toileting and transferring all were checked for assisted needed. Special diet instructions was left blank no checks on what type of diet the resident needed while living at the facility. The section for the professional opinion of the doctor did not specify if Resident #7's needs could be met while living at the facility. The areas Yes or No were not checked by the physician.

Interviewed the Owner of the facility on at 4:30 pm, he stated that resident cannot walk and at times the facility staff will at time seat the resident in the front in the large recliner chair during the day. This was not done at the time of the survey on . The resident was in her bed the entire time and no staff member tried to bring the resident out of her any the survey. Administrator stated Resident #7 is totally bedridden since being admitted to

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the facility from another facility that recently closed.

Nursing notes from - , Resident #7 was observed in in a semi-seated position in bed. Her hands were contracted and she had slight foot drop. Resident was not able to follow verbal commands. She was disoriented and playing with the bed sheets.

At 1:35 pm Caregiver (C) stated that Resident #7 needs everything to be done for her as she is not able to do anything on her own.

Facility Owner arrived 02 at 1:40 pm and he stated that he will place the resident under hospice services and that he has to contact the resident's family that lives in Nebraska because resident #7 has no family in Miami.

Class III

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation and recored review the facility failed to ensure that 1 out of 7 (#2) sampled residents did not require total assitance with activities of daily living. The facility failed to have an updated health assessment for 1 out of 7 (#2) sampled residents whose ADL levels changed.

Findings included:

1. Observation of Resident #2 was observed during late lunch at 1:00 pm. The Owner was observed feeding Resident #2 his puree diet meal in the front of the facility. The resident is wheelchair bound and his hands are contracted and needs assist to be fed.

2. Record review showed the health assesment for Resident 2 dated - required assistance with eating. The facility did not have any documentation that Resident #2 required to be feed by staff needing total assitance with feeding. Section 2-B: self-care and general oversight assessment-medications sections from 1-12 blank. Section 3. services offered or arranged by facility for the resident form numbers 1-15 also blank and not signed by a guardian.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview facility failed to provide a safe environment free from hazards for residents and failed to ensure that the roof was maintained in good working order.

Findings included:

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1. Observation on - at 10:45 am found # 's had peeling paint on the wall over the back doorway which entered # on the upper wall above the doorway in the small is located between # and # . (Photo). Along side the wall cabinet observed a long crack (space) in wall cabinet seal. Observed under the shower head an area of peeling paint and plaster (photo). Observation in # , in the left hand corner of the stack of boxes and on the left side of the the floor near the door observed 15 large bottles of water all in the residents storage (photo). Observation in # on the wall observed a light switch did have an cover on it (photo).

Outside on the back patio area of the facility observed an old refrigerator with large amount of a green substance on the doors and handles. The bottom handle of the refrigerator was broken off which now has a sharp edge. The facility uses this refrigerator with foods in the freezer and the refrigerator.

Observation of the roof under panel observed one of the boards hanging down from the section (photo). Observation of the back yard under observed areas of rotten wood (photo). Observation on the outer panel of the roof observed an area of rotten wood (photo) On the area wall of the patio observed the railing top was disconnected from the wall (photo).

2. Interviewed the Owner on at 4:30 pm, in regards to the deficiencies found at the time of the survey. The owner confirmed all of the findings regarding the physical plan and stated each deficiency shall be corrected as soon as possible.

Class III

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

Based on record review and interview the facility failed to have a completed record for 1 out of 7 (#7) sampled residents with all the required signatures.

Findings included:

Record review revealed Resident #7's admission package forms were blank (not signed by the resident or representative) including the following:

1. Emergency Contact, this document was dated - but not signed
2. Storage of Valuables policy was blank but dated -
3. Resident Agreement has monthly amount for 875.00 contract not signed but dated -
4. The Arrangements Policy for residents signature (blank) but dated - , but signed by the administrator.
5. Consent for Release of Personal Information Policy (blank) dated -
6. Sign out Release of Liability document (blank) dated -
7. Persons Authorized to Remove Resident document (blank) dated -
8. Resident consent to the use of Half Bed Rails (blank) dated - . During the tour of resident

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#1's , observed a half rail on residents bed.
9. Choice of document (blank) dated
10. document (blank) dated
11. Reporting , Neglect and policy/procedure document dated no signature for resident (blank)
12. Residents Choice of Home Health Agency & Health Care Provider Policy/ ALF Rule and procedure and Acknowledgement. The residents name was written under acknowledgement dated but not signed.
13. Informed Consent to Assistance with Medication by Unlicensed Personnel residents name was on the form and signed by the administrator dated
14. Exit Permission document policy and procedure (blank)

Interviewed the Owner on at 4:30 pm, he confirmed the findings of Resident #7's records missing the required signatures at admission.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to one out of seven residents (Resident #1). The facility provided services to residents outside the current license capacity of six.

Findings included:

1. Observation of the residents during the tour on at 10:45 am revealed that the facility had a census of seven residents, over licensed capacity. The license capacity for this facility was six beds. During the tour of the residents , observed two females resident in bed sleeping in # . Resident #1 was later found to be the seventh resident which made the facility over capacity. Resident #1 was observed to have clothes in the closet and the dresser.

2. Resident #1's contract stated she was admitted on at the rate of $700.00 per month. Resident #1's contract for her days of care were from Monday thru Saturday from seven am to seven pm. Reviewed the medication observation record (MOR) for Resident #1's medications scheduled which stated that the resident received morning medication at 8 am and night medications at 8 pm.

3. Interviewed Resident #1 on at 4:00 pm. Resident #1 stated that she lived at the facility and it was a better place to live than where she last stayed. Resident stated that she was from another facility and has been living here . Resident stated that she was a day care resident but stayed at the facility all of the time.

4. Interviewed the Owner of the facility on at 4: 40 pm, confirmed the finding in regards to

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being over capacity at the time of the survey.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
M & M Comprehensive
280 West 56 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida