STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	05/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NORTH MIAMI RETIREMENT LIVING	1595 NE 145 STREET NORTH MIAMI, FL 33161	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Investigation Survey (CCR#2015004054) was conducted on and concluded on . North Miami Retirement Living had deficiencies found at the time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to document weight loss for 1 of 11 (#7) sampled residents. The facility failed to document that the family or the resident representative was called after a for 1 of 11 (#7) sampled residents.

Findings included:

Record review found an incident report that documented that Resident #7 on in the courtyard and was transferred to the hospital for and . The facility did not document that Resident #7's family was contacted after her .

Record review also found weights for Resident #7 showed the following: / 160, 157 pounds (lbs.), / 155 lbs., 150 lbs., and 148 lbs. The facility last documented on / that Resident #7 can't lose weight but has begun attending and eating more. The facility does not have any another documentation regarding Resident #7's weight loss or plan to help Resident #7 with the weight loss. Resident #7's health assessment dated / does not document that the resident is losing weight, the health assessment documented Resident #7's weight as 200 lbs.

Interview with the Administrator and Supervisors on at 11:47 am revealed that Resident #7's family was called but it was not documented. One of the Supervisors stated that the doctor prescribed Resident #7 a medication to help with her appetite but she was not sure which medication it was. The facility confirmed the last note regarding Resident #7's weigh loss was in 2014.

Class III

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

Based on record review and interview the facility failed to ensure that 1 of 11 (10) sampled residents medication observation records (MORs) were maintained.

Findings included:

Record review found the MOR for Resident #10 showed 2 milligrams (mg) was initialed twice as given on for the 8 am dosage. The first page of the MOR had 2 mg (three times a day every 8 hours) and the second page of the MOR had 2 mg (two times a day).

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0054 Continued From page 1

Interview with the Administrator and Supervisors on at 12:09 pm confirmed that Resident #11 MOR was initialed twice on for the 8 am dosage of .

Class III

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

Based on record review and interview the facility failed to have revised instructions on "as needed" medications from the doctor for 1 of 11 (#10) sampled residents. The facility also failed to ensure that 1 of 11 (#10) was not given medications less than every 8 hours.

Findings included:

Record review found the medication observation record (MOR) for Resident #10 showed 2 milligrams (mg) ordered to take by mouth 1 tablet every 8 hours as needed as needed. The facility did not have revised instructions for the from the doctor. Also, the facility initialed in and as giving to Resident #10 every 6 hours instead of the 8 hours. The and MORs for Resident #10 showed 2 mg at 8 am, 2 pm, and 8 pm initialed daily.

Interview with the Administrator and Supervisors on at 12:09 pm revealed the order was changed on to twice a day. The facility confirmed prior to the change in order that the Resident #10 was receiving 2 mg at 8 am, 2 pm, and 8 pm daily for and .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
North Miami Retirement Living
1595 Ne 145 Street
North Miami, FL 33161

RE: CCR #2015004054

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was concluded on 12, 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

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