STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966974	05/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARY'S CARE CENTER	30796 SW 189 AVENUE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Mary's Care Center with Limited Mental Health and Limited Nursing Services had the following deficiencies found at time of survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review, and interview the facility failed to ensure that the step to assist resident with self-administration of medications were followed for 1 of 6 (#1) residents sampled.
Findings Included:
Observation on at 9:30 AM found Staff C assisting Resident #1 with self-administration of medication. Resident #1 was given a small plastic cup on the table with pills. Staff C left Resident #1 with the medication on the table and went to the patio. Staff C signed medication record (MOR) before assisting resident with self-administration of medication. Then Staff B approached after seven minutes to the table served Resident #1 breakfast and placed the pills on a spoon. The Resident took the spoon and swallowed the medications with water.
During an interview on at 9:35 AM that Staff C acknowledged that she left Resident #1 for several minutes with medications on the table and she went to the patio and marked the MOR before the resident had the medication.
On at 10:06 AM Staff B very irritated stated to Surveyor "I hate you because you don't want to give another opportunity with the medication. For your fault I will lose my job."
Class III

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

Based on record review and interview the facility failed to maintain accurate medication observation record (MOR) for each resident who received assistance with self-administration of medications for 3 of 6 (#2 #3, and #5) sampled residents
Findings included:
Record review showed Resident #2's MOR was not signed by staff on 8:00 PM medications and 8:00 AM.
Record review showed Resident #3 had the following medications: 400 mg two times a day MOR was not signed by staff on and 8:00 AM on ; 30 milligrams (mg) on tablet a day in the morning MOR was not signed by staff on and ; 30 mg one table at bed time MOR was not signed by staff on and ; C 500 mg one tablet two times a day 8:00 AM MOR was not signed by staff on and 8:00 PM MOR was not signed on .
Record review showed Resident #5's MOR was not signed for 8:00 PM medications by staff on and 8:00 AM on .
During an interview on at 9:37 AM Caregiver B acknowledged that the MORs were not signed properly at time of assisting residents with self-administration of medications. Caregiver B asked to not have these deficiencies because she will lose her job. Caregiver B stated I forgot to sign the MOR yesterday and today.
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure mediations were locked up at all times.
Findings included:
Observation on at 9:25 AM found labeled medication for Resident # 6 unlocked on the dining table (Megestrol Acet 40 mg one spoon daily). Further observation found Resident #1 was sitting on the dining table near Resident #6's unlocked medication having breakfast.
During an interview on at 9:40 AM Staff B acknowledged that medication was found unlock. Caregiver B stated this medication belonged to one resident that left early to the doctor.
Class III

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

Based on record review and interview the facility failed to have resident consent forms for unlicensed personnel assisting with self-administration of medication for 1 of 6 (#2) sampled residents.

Findings included:

Record review on showed that Resident #2 did not have signed consent forms for unlicensed personnel assisting with self-administration of medications on file. Further record review on showed that Resident #2 (admitted on) health assessment dated revealed that Resident #1 needs assistance's with self-administration of medication.

During an interview on at 11:52 AM the Administrator stated all my residents had the inform consent form for unlicensed personnel assist residents with self-administration of medication signed on record except Resident #2.

Class III

L241 - LMH - Records - 58A-5.029(2) FAC

Based on record review and interview the facility failed to have an annual community living support plan for 2 of 6 (#2 and #4) sampled limited mental health residents.
Findings included:
Record review on showed the facility held a standard license with Limited Mental Health component.
Record review on showed Resident #2 had diagnoses of and received ( ). The facility did not have community support plan completed on annual basis for facility Resident #2. Furthermore review record for Resident #4 had diagnoses of mental and received ( ). The facility did not have an annual community living support plan updated for Resident #4. The last annual community support plan on record was dated

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

L241 Continued From page 2

During an interview on at 11:30 AM the Administrator stated the hospital do not provide the community living support plan to the facility. Administrator acknowledged the deficiency.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mary's Care Center
30796 Sw 189 Avenue
Homestead, FL 33030

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

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