STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on and concluded on . M & M Comprehensive had deficiencies identified at the time of the survey.

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

Based on observation, record review, and interview the facility still has failed to ensure that 2 of 6 (#2 and 7) sampled residents met continued residency criteria. The facility failed to ensure that residents were able to perform activities of daily living with assistance and also received assistance with self-administration of medications.

Findings included:

Facility tour on at 9:27 am found Resident #2 sitting in the living a wheelchair. Resident #7 was lying on her bed with quarter bed rails up.

Staff C stated on during the tour that Resident #7 was on hospice.

Record review showed Resident #2's health assessment (dated /) documented that the resident needed total care with eating and noted "ALF's staff feed patient."

Interview on at 10:30 am with the facility's consultant revealed that Resident #2 was able to feed himself, she was not sure why the health assessment stated that. Staff B also stated "he feeds himself."

Record review showed Resident #7's health assessment (dated /) documented that the resident needed total care with all activities of daily living and assistance with self-administration of medications. The facility provided an order to crush Resident #7's medications. The hospice care plan dated stated the facility would provide assistance with medications per regulatory standards. The last plan of care review at the facility was dated and it did not address Resident #7's medication requirements.

Staff C stated on at 9:55 am that she crushes Resident #7's medications and feed it to her.

Uncorrected Class III

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

Based on observation, record review, and interview the facility failed to ensure 1 of 6 (#7) sampled residents were limited to half bed rails.

Findings included:

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

0030 Continued From page 1

Facility tour on at 9:27 am found Resident #7 was lying on her bed with quarter bed rails up. The resident's bed had expandable bed rails that were more than half.

Record review found the doctor ordered half bed rails on . Record review showed Resident #7's health assessment (dated) documented that the resident needed total care with all activities of daily living.

Interview with the facility's consultant on at 10:25 am, she stated the facility had an order for half bed rails.

Class III

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

Based on record review and interview the facility failed to ensure that 3 of 6 (#3, #4, and #7) medication observation records (MORs) were maintained.

Findings included:

Record review found the facility was not maintaining the MORs for Residents #3, #4, and #7. Resident #3 had Monteluka 10 milligrams (mg), Resident #4 had Vesicare 5 mg, and Resident #7 had D2 1.25 mg written on the MORs. The MORs were blank for all three residents interviews and there was no documentation from the facility regarding these medications.

Staff C stated on at 10:30 am that the medications for the residents were not at the facility because the insurance companies would not pay for them.

Interview with the facility's consultant on at 10:30 am stated that the insurance companies were not paying for the medications for the residents. She confirmed that they were written on the MORs. She stated she did not know why the pharmacy would have the medications listed if they were not sent.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Arrived to the facility on at 9:27 am, found Staff C alone in the facility's with a census of six residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	R
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0079 Continued From page 2

The facility's staff schedule documented that on that Staff C and D were schedule to work from 7 am to 7 pm.

Interview with the facility's consultant on at 10:30 am confirmed that Staff C was alone in the facility's at arrival.

Class III

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

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