STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARIA ADULT CARE #2	**400 SW 76 COURT MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at on Maria Adult Care #2 with Limited Nursing Services and Limited Mental Health components had the following deficiencies found at time of the 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 3 out 6 (#1, #3 and #6) residents sampled medication labels were read during assistance with self-administration of medication.
Findings Included:
Observation on at 12:34 PM showed that Staff B assisting Residents #1, #3, and #6 with self-administration of medication during lunch. Staff C did not read the label or list the name of the medication to Resident #1 (medication: , 25-100 mg), Resident #3 (medications: 600 mg and 25 mg) and Residents #6 (medication: 50 mg).
During an interview on at 2:00 PM the facility Owner and Staff B (Administrator) acknowledged that she did no read medication name to residents.
Class III

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

Based on observation, record review, and interview the facility failed to have an accurate Medication Observation Records (MORs) for 1 out of 6 (#5) sampled residents.
Findings included:
Record review on showed that Resident #5's medication, Sucralfate 1 milligram (mg), night time bingo card was punched on and the MOR was not initialed. Further review of Resident # tion showed that bingo card was punched on the morning and the MOR was not initialed for medication, 10 mg.
On at 12:30 PM the facility's Owner acknowledged the facility did not have accurate MORs and she stated "I dc w what happened. Can I Initial now?"
Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to provide proof that the facility's Administrator passed the competency test upon completion of the CORE training. The facility failed to ensure that the Manager did not supervise three facilities.
Findings included:
Record review on showed the facility's Administrator hired on (/) did not have proof of passing the competency test.
Further record review on health facility finder wed site showed that facility's Administrator supervised three facilities and the appointe ger supervised three facilities.
During an interview on at 2:00 PM, the facility's Owner stated that acknowledged that Administrator do not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966124	**05/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MARIA ADULT CARE #2	**400 SW 76 COURT MIAMI, FL 33144**	

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

0077 Continued From page 1

have proof of passing the CORE training. And acknowledged that Administrator and Manager supervised three facilities each.
Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview the facility failed to ensure that 1 out of 5(Administrator) sampled staff had current First Aid and training when left alone in the facility caring for a census of six residents.
Findings included:
During the facility entrance on at 8:45 AM the Administrator was observed in the facility alone assisting residents (census of six) with a...ng and transfer.
Record review on showed that Administrator training in First Aid and had expired on . The facility did not have any proof of a current First Aid and training for the Administrator.
During an interview on at 2:00 PM the facility's Owner stated " I will call the school and schedule the training."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maria Adult Care #2
400 Sw 76 Court
Miami, FL 33144

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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