STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964209	07/01/2015
NAME OF PROVIDER OR SUPPLIER **MARILUCA # 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **9362 SW 155 AVENUE** **MIAMI, FL 33196**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted at on , 2015 and concluded on , 2015. Mariluca #2 with Limited Mental Health component had the following deficiencies found at time of the survey:

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that medicines were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

Observation on / at 6:15 AM showed that there were four brown paper bags on top of the dining table and in the living . The four brown paper bags had bingo cards of the facility's residents of the month of 2015, some bingo cards had medications in them. Also, in the living rom two packages of medications for 2015.
Interview conducted on / at 6:45 AM, Staff C, stated "The pharmacy will be pick up the bingo cards for 2015 to dispose the medications remaining. The two packages of medications for 2015 located on the top of the backer rack belong to another facility. The medications will be send to the other facility today."
Class III

0160 Records - Facility

Based on record review and interview, the facility failed to maintain an up to date admission and discharge log with three out of nine (Resident #1, 2 and 4) sampled residents. The facility also failed to have proof of a satisfactory annual fire inspection.

Findings included:

Observation during the facility tour on / at 6:20 AM showed nine residents were in the facility during the visit. Six residents were sleeping, two residents were taking a shower with staff assistance and one resident was sitting in the living waiting for the transportation to go to her program.

Record review revealed that the facility's admission and discharge log did not have Residents #1, #2 and #4 listed. Resident #1 was admitted on , Resident #2 was admitted on , and Resident #4 was admitted on .

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Review of facility record on at 12:30 PM showed that the fire inspection dated / had one deficiency "Fire extinguishers shall be subject to maintenance at intervals of no more than 1 year, at the time of hydrostatic test, or when specifically by an inspection or electronic notification."

During an interview on / at 7:00 AM, the facility's administrator stated that the facility had a current fire inspection but she was unable to provide the documentation at the time of the survey. She said that Resident #1 is a daycare participant and Resident #2 and #4 are residents.

Class III

0161 Records - Staff

Based on observation, record review, and interview, the facility failed to provide evidence of personnel records containing copies of employment application with references and training for two out six (Staff F and G) sampled staff.

Findings included:

Observation on / at 6:10 AM showed Staff F and G were in care of the residents and providing personal services to them.

Record review and request for Staff F and G on / showed that no record was available in the facility.

Interview conducted on / at 6:49 AM, Staff G stated "I started to work here on Sunday, I gave my paperwork to the administrator. She has them."

Interview conducted on / at 6:45 AM, Staff I stated "I started to work here yesterday."
Interview conducted on / at 6:59 AM, facility administrator stated "I don't have records for Staff F and G."

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that resident records for one out of nine (Residents #9) included a copy of the written informed consent for unlicensed staff assisting the

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resident with the self-administration of medication.

Findings included:

Record review and request for Resident #9 on revealed that no record was available in the facility for this resident. Resident #9 was admitted on .

Review of the Medication Observation Record on at 10:10 AM showed that the facility assist Resident #9 with his medications.

Interview conducted on at 10:00 AM, Staff C, stated that she provided assistance with the self-administration of medication to Resident #9.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed have executed contracts at admission for two out of nine resident (Resident #6 and #9).

Findings include:

Review of Resident #6 record showed it did not contain a resident contract with the facility executed at or prior to admission. Resident #6 was admitted on /.

Record review and request for Resident #9 on revealed that no record was available in the facility for this resident. Resident #9 was admitted on .

Interview conducted on at 5:00 PM, the facility administrator stated that in-fact, the facility had not executed and entered into a contract with Resident #6 and #9.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to provide evidence of Level II background screening for two out six (Staff F and G) sampled staff.

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Findings included:

Observation on / at 6:10 AM showed Staff F and G were in care of the residents and providing personal services to them. Resident #3 and #9 were taking a shower, Staff F and G were assisting them.

Interview conducted on / at 6:49 AM, Staff G stated "I started to work here on Sunday, I gave my paperwork to the administrator. She has them."

Interview conducted on / at 6:45 AM, Staff I stated "I do not have social security number. I started to work here yesterday but I realized that I cannot do this job because I do not have social security number".
Interview conducted on / at 6:59 AM, the facility's Administrator stated " I don't have records for Staff F and G. Staff F is not going to stay."
Background screening website was not reviewed during the survey because social security number was no provided for Staff F and G.

Unclassified Deficiency

Z827 Unlicensed Activity

Based on observation, record review, and interview, the facility was operating over its licensed capacity by providing care and services to a total of nine residents. The facility is licensed for 6 residents.

Findings included:
Observation on / at 6:15 AM showed that there was a mattress on the floor in the common . In # there were two beds and one mattress on the floor. Two female residents (Resident #2 and #5) were sleeping in the beds and one male resident (Resident #9) was sleeping in the mattress on the floor.

Observation during the facility tour on / at 6:20 AM showed that the facility has five with 10 beds. Two of the beds were Murphy beds and one was a fold away bed. Nine residents were in the facility during the visit. Six residents were sleeping, two residents were taking a shower with staff assistance and one was sitting in the living waiting for the transportation to go to her program.
Interview conducted on / at 6:45 AM, Staff C, stated "I sleep in the bed located in the common , one staff sleep in the mattress on the floor located in the common and the other staff sleeps in the sofa located in the living . Resident #9 sleeps in the mattress on the floor

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located in # because the facility was fearfully that he would from the bed."
Review of the Medication Observation Record (MOR) showed the facility assisted nine residents with medications.

Review of the facility's admission and discharge log showed that it did not include Resident #1, #2 and #4. Resident #1 was admitted on , Resident #2 was admitted on , and Resident #4 was admitted on .

Interview conducted on / at 7:00 AM, the facility's Administrator stated that Resident #1 is a daycare participant and Resident #2 and #4 are residents.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Mariluca # 2
9362 Sw 155 Avenue
Miami, FL 33196

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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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