STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	09/16/2015
NAME OF PROVIDER OR SUPPLIER **M & R PERSONAL CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1289 SOUTH HILLSBOROUGH AVENUE ARCADIA, FL 34266**	

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

0000 Initial Comments

An unannounced Relicensure survey was completed on / / at M & R Personal Care, Inc., an Assisted Living Facility (ALF) in Arcadia, Florida.

The following is description of the deficiencies:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure 3 (Residents #6, #10, and #11) of 3 resident record reviewed had completed Health Assessments (Form 1823).

The findings included:

1. Record review for Resident #6 had an admission date of / /. His latest Health Assessment (Form 1823) dated / / under the section "Status" on page three was not completed with yes or no. It was completed with check marks which does not answer the questions yes or no.

2. Record review for Resident #10 had an admission date of / /. Her latest Health Assessment (Form 1823) under the section "Status" on page three was not completed with yes or no. It was completed with check marks which does not answer the questions yes or no. On page 4 the date of the examination was not included.

3. Record review for Resident #6 had an admission date of / /. His latest Health Assessment (Form 1823) dated / / under the section "Status" on page three was not completed with yes or no. It was completed with check marks which does not answer the questions yes or no.

4. On at 3:00 p.m., the Administrator said the physician places a check mark on the left side of the column for yes and on the right side for no. This does not clearly answer the question.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to ensure 2 (Residents #7 and #8) of 2 residents reviewed received appropriate assistance with self-administration of medication.
The findings included:
1. On at 9:00 a.m., the Staff A was observed assisting Resident #7 with the self-administration

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of medications. Staff A removed the medications from the medication cart and dispensed the medication into a cup. She took the medications in the cup to Resident #7 and poured the medications into the resident's hand. She observed Resident #7 take the mediation. She did not read the label to the resident. She returned to the cart and updated the Medication Observation Record (MOR).
2. On at 9:05 a.m., Staff A was observed assisting Resident #8 with the self-administration of medications. Staff A removed Resident #8's XR 300 mg from the medication cart. Staff A dropped the XR 300 mg tablet on the floor. Staff A pick the XR 300 mg tablet up and placed it on the medication cart. She took a paper towel and wiped the pill. Staff A placed the XR 300 mg tablet in the medication cup. She took the cup to Resident #8 and poured the medications into the resident's hand. She observed Resident #8 take the mediation. She did not read the label to the resident. She returned to the cart and updated the MOR.
3. On / at 3:00 p.m., the Administrator said staff should inform residents what their medications are. Staff should not have given the medication to Resident #8 after it had on the floor.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to ensure a CORE trained manager was assigned to supervise the facility.

The findings included:

Record review for Staff A found no documentation of having completed CORE training.

On at 3:00 p.m., the Administrator said she is the Administrator of a Group Home and the facility. She said that Staff A was the Manager of the facility. She thought Staff A had completed Core Training.

On at 3:00 p.m., Staff A said she is in charge of the facility when the Administrator is not present. She has been employed with the facility for almost 20 years. She has not completed CORE training.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 3 (Administrator, Staff #A, and #C) had freedom from verified on an annual bases.

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The findings included:

1. Record review for the Administrator found the last statement of freedom from was dated / . There was no documentation within the last 12 months.

2. Record review for Staff A found the last statement of freedom from was dated / . There was no documentation within the last 12 months.

3. Record review for Staff C found the last statement of freedom from was dated . There was no documentation within the last 12 months.

4. On / / at 3:00 p.m., the Administrator said there was no addition documentation of freedom from for Staff A, B, or herself.

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure 1 (Staff #B) of 3 staff reviewed had current training for ( ) or First Aid.

The findings included:

Record review for Staff B found that her and First Aid cards expired / .

On at 11:30 a.m., Staff B said she is here at times alone with the residents.

On at 3:00 p.m., the Administrator said the only and First Aid card available for Staff B has the expiration dates of / .

Class III

L241 LMH - Records

Based on record review and interview, the facility failed to ensure 2 (Residents #1 and #10) of 3 Limited Mental Health (LMH) residents reviewed had appropriate community support plans and Agreements.

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The findings included:

1. Record review for Resident #1 found she was on the LMH admission log. She was admitted on __/__. She had a support plan signed by the administrator and the resident on __/__. It was not signed by the case manager. It was not completed within the last 12 months. The record had no , agreement.

2. Record review for Resident #10 found she was on the LMH admission log. She was admitted on //. She had a support plan signed by the Administrator and the resident on //. It was not signed by the case manager. The record had no , agreement.

3. On at 3:00 p.m., the Administrator said that the group that previously provided case management services is no longer available. The new group was not available to sign the support plans or the , agreements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
M & R Personal Care, Inc
1289 South Hillsborough Avenue
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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