STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	09/28/2015
NAME OF PROVIDER OR SUPPLIER **RONA'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **10900 SW 177 TERRACE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Complaint (CCR#2015009554) Survey was conducted on , 2015 and concluded , 2015. Rona's Retirement Home with Limited Mental Health component had the following deficiencies identified at time of the survey:

0007 Admissions - Criteria

Based on record review, and interview the facility failed to ensure that two out of six (#1 and 3) sampled residents' met the admission criteria.

Findings included:

Record review on of Resident #1 file revealed she admitted , and her health assessment dated / stated she is diagnosed with , , chronic, 2, and . Her assessment documented she needed assistance with all activities of daily living (ADLs). It showed she posed a danger to self or others-Patient has a history of harming herself. She required 24 hours nursing or , care- Client needs supervision. Under the special precautions section of the health assessment it reported, "Client has a history of harming herself such as cutting her wrist, banging her head on the wall, drinking shampoo." Her or behavior status stated, " client present with symptoms of hallucinations, , , , .
Record review of the Resident #3's file showed he was admitted to the facility on . His health assessment showed he is diagnosed with and , independent with all activities of living. The health assessment documented "yes" for requires 24-hour nursing or care. The health assessment was not signed and dated by the physician who completed it.

Interview on at 11:00 AM with the Administrator acknowledged the health assessment was not completed and was not able to verify whether they needed 24 hour care.

Record review on at 10:00 AM of medical records from hospital showed a different assessment completed for Resident #3. The health assessment was signed by a health care provider stated Resident #3 "requires 24 hour , care."

Class III

0079 Staffing Standards - Levels

Based on record review and interview the facility failed to have a minimum of 212 hours per week to

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provide care and services to a census of 6 residents. The facility failed to have an accurate written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Record review of the facility's work schedule showed: Staff A works 7 AM to 7 PM and off on Saturday and Sunday; Staff B works 7 AM to 7 PM with Friday off; Staff C worked from 6 PM to 10 PM and off Monday and Friday; and Staff D works 7 PM to 7 AM and off on Saturday and Sunday. The facility is required to have a minimum of 212 hours per week for a census of 6 residents, the facility had 120 hours weekly hours documented on the schedule.

Interview with the Administrator on stated, " Staff C is her daughter and she work out of the state."

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide documentation ensuring that one out of four of sampled staff (D) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review of the staff schedule on showed Staff D (hired) worked Monday through Friday 7 PM to 7 AM. Record review found the record did not contain any documentation that the staff member received resident right training within thirty (30) days of employment.

Interview on at 2:00 PM with the Administrator stated that she did the training but did not have the documentation available for review during survey.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to ensure that three out of four (B, C, and D) sampled staff had the initial 4 hours training and the minimum of 2 hours of continuing education training annually on providing assistance with self administered medications and safe medication practices in an

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assisted living facility four one out of four (A) sampled staff.

Findings included:

Record review on of the staff files showed Staff A (hired) did not have proof documenting a minimum of 2 hrs training. The last training completed was dated / / and expired on / /.

Record review found Staff B, Staff C, and Staff D did not have documentation to show they completed the 4 hrs medication training.

Interview on at 2:00 PM with the Administrator stated that she did the training but did not have the documentation available for review during survey.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that one out of four (B) sampled staff had training in ( ).

Findings included:

Record review on / showed that sampled Staff B (hired /) did not have documentation proving he received the training.

Interview on at 2:00 PM with the Administrator acknowledged the training was not provided during the survey.

Class III

Z816 Background Screening-Compliance Attestation

Based on record review and interview the facility failed to ensure that one out of four (B) sampled staff had documentation of compliance with level 2 background screening every 5 years.

Findings included:

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Record review on showed that the Staff B's last screening completion dated . The background screening website was checked on and showed " A New Screening is Required" was required for Staff B. The facility provided a copy of a level 2 background screening for Staff B dated / but it could not authenticated by the background screening unit.

Interview with the Administrator on at 2:30 PM, she stated "I have this screening only."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rona's Retirement Home
10900 Sw 177 Terrace
Miami, FL 33157
RE: CCR #2015009554

Dear Administrator:

This letter reports the findings of a complaint survey that was concluded 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 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 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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