STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	12/14/2015
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on , 2015. Maud's Place had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on interview and record review the facility failed to ensure that one out of five (#1) sampled residents met continued residency requirements. The facility also failed to ensure that Resident #1's health assessment was completed.

Findings included:

Record review on revealed Resident #1's health assessment (Form 1823) dated / / documented the following diagnoses: and Chronic Vit Deficiency. Resident #1's assessment stated she required total assistance with activities of daily living. Further record review showed Resident #1's health assessment did not indicate if she needed 24 hours nursing or care or what type of assistance Resident #1 needed with medications.

Interview on / / at 11:30 am the Staff A stated, "Resident #1 is , and she is doing well."

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility failed to contact one out of five (#1) sampled residents health care provider and family member regarding the resident refusing medical services.

Findings included:

Record review on revealed Resident #1's last medication observation records (MORs) was from / / - / / . Record review found the facility did not have MORs for Resident #1 for the following months: , , , , and .

Record review revealed Resident #1's progress notes dated / / stated, " refused to take the lab." Record review found the facility did not have any documentation that Resident #1's doctor or family

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was contacted since she refused to have labs completed.

Interview on / at 11:30 am the Staff A stated, "Resident #1 is , and she is doing well; she is taking Vit ', and she is not taking other medications because she refused to have her labs done, and the doctor did not prescribe new medications because of that." Also Staff A stated, " Her son has been notified."

Phone interview on at 12:49 pm with Resident #1's family member, he stated, "I did not know that my mother is not taking her medications, I would like to know why she is not taking her medications. What labs? I did not know about those labs; do I have to take her to the doctor? She should be taking her medications."

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for two out of five (2 and 4) sampled residents.

Findings included:

Observation on / at 9:10 am revealed Residents 2-5' s medications were sitting on kitchen counter in plastic cups. Resident #2's medications cup had water inside.
Interview on at 9:10 am Staff B stated, "Resident #2 drinks her medication better in that way."
Observation on / at 10:20 am revealed Staff B took Resident #2's medications, , 5 mg, 7.5 mg, DR 20 mg, 20 mg, 100 mg, and 325 mg were diluted in water. Staff B approached Resident #2 and gave her the cup to drink. Staff B did not review the medication observation record or told Resident #2 what medications she was taking.
Record review revealed Resident #2 did not have any doctor's orders on directions on how she should take her medications.
Interview on / at 10:48 am Staff A stated, "Resident #2 did not have crushed medication orders from her doctor, however, it is diluted in water not crushed. "
Observation on / at 11:00 am Staff B took Resident #4's medications, 81 mg, - HCTZ 20-25 mg, 5 mg, DR 20 mg, ER 60 mg, 325 mg, , 50 mg, and 50 mg in a cup walk to the dining Resident #4 was seated having breakfast. Then, Staff B left the medications on top of the dining table next to him and walked away. The staff member did not tell the resident what he was taking and did not verify that

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the resident took the medicaitons.

Class III

0054 Medication - Records

Based on observation, record review, and interview the facility failed to maintain medication observation records (MORs) and also failed to ensure that medications were documented as given an hour before or after the time listed on the MORs.

Findings included:

Medication pass observations on / found Staff B started to assist Residents (2-5) with self-administration of medications from 10:20 am to 11:10 am.

Record review on at 10:30 am revealed Residents 2-5's MORs reflected that the medications were supposed to be given at 8:00 am. Record review also found MORs for Residents 2-5 were not initialed as given from / / - / at 8:00 am to 8:00 pm.

Interview on / at 10:00 am Staff B stated, "I was off; the person covering me forget to signed."

Interview on / at 10:48 am Staff A stated, "They did not have their medications at 8:00 am because they were still sleeping; I will talk to their doctor to arrange a different time."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to discard discontinues or abandon medications. The facility failed also failed keep centrally stored medications looked up.

Findings included:

Observations on at 9:10 am revealed Residents 2-5 medications were seating on kitchen counter in plastic cups. Further observations during the facility tour found medication, 10 mg , which belonged to a resident inside of the refrigerator. Observations also found Resident #4's , Lantus 100 units, inside of a white paper bag in the refrigerator unlocked.

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Interview on at 9:15 am Staff B stated, "I was never told to keep medications inside the refrigerator locked." Also Staff B stated, " I know I left the medications inside plastic cups for each residents on the kitchen counter because it is the way we organized medications in the morning for the Residents."

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on / at 9:00 am found the screened porch was used as a storage with old kitchen cabinets. The dining 's ceiling had an water stains. Also, the kitchen cabinet door were loose and cannot close completely.

Interview on at 9:10 am Staff B stated, "They will replace the kitchen cabinets for these ones. "

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to have an annual health department inspection report.

Findings included:

On / at 1:30 pm the health department inspection report posted was dated .

Record review on at 1:30 pm revealed the facility did not have an updated health department inspection report at the time of survey.

Interview on at 1:30 pm Staff A stated, "All the documents are posted on the board, Staff B is in charged to keep it updated."

Class III

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0162 Records - Resident

Based on observation, record review, and interview the facility failed to obtain a written physician's order for use of and insturctions on how to prepare medications for two out five (#2 and #4) sampled residents. The facility also failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of five (#1) sampled residents.

Findings included:

Observations on at 9:10 am revealed Residents 2's medications were sitting on kitchen counter in plastic cups in water. During the facility tour on / / at 9:10 am found Resident #4's in refrigerator.

Record review revealed Resident #2 did not have any doctor's orders on directions on how she should take her medications. Record review revealed Resident #4's home health record and facility records did not have the order for Resident #4.

Also, record review revealed Resident #1's family member signed her facility contract and forms. The faiclity did not have documentation of Resident #1's evidence of a power of attorney, guardianship, or surrogate paperwork.

Interview on / at 10:48 am Staff A stated, "Resident #2 did not have crushed medication orders from her doctor, however, it is diluted in water not crushed. "

During an interview on at 12:30 pm Staff A acknowledged that Resident #4 did not have a doctor's order for the use of on file and that Resident #1 did not have a power of attorney.

Class III

Z816 Background Screening-Compliance Attestation

Based on observation, record review, and interview the facility failed to ensure one out of three sampled staff (B) had a completed level II background screening within five years.

Findings included:

Observations on / from 9:00 am -2:00 pm found Staff B alone in the facility assisting Residents

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1-5 with activities of daily living.

Record review revealed Staff B's last level II background screening was dated .

The background screening website stated, "A New Screening Is Required" for Staff B.

Interview on at 11:00 am Staff A confirmed the findings in regards to Staff B not having an update level II background screening at time of survey.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maud's Place
860 Nw 186 Dr
Miami, FL 33169

Dear Administrator:

This letter reports the findings of an abbreviated 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 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 , 2016.** 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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