STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R /
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 01/22/16. Senior Retirement Home, Inc had the following deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have a completed health assessment for one out of five (#2) sampled residents. The facility also failed to ensure that one out of five (#2) sampled residents met continued residency criteria with levels of activities of daily living.

Findings included:

Record review on / showed Resident #2's health assessment (AHCA form 1823) dated did not specified if Resident #2 needed assistance with self-administration or administration of medication.

During an interview on / at 9:28 AM Staff C (caregiver) stated I knew that I have to observe Resident #5 swallow medications.

During an interview on / at 10:07 AM Staff C (caregiver) stated I assist Resident #2 with administration of medications. She conducted a medication pass demonstration. She stated I take her medication; I punched bingo card on to the spoon and I added milk. She stated " I put spoon in to her mouth and she swallow her medication." She stated Resident #2 can't hold the spoon in her hands. She stated I'm not a nurse but I wanted to help.

Uncorrected deficiency

0030 Resident Care - Rights & Facility Procedures

Based on observations, record review, and interview, the facility failed to limit physical to half (1/2) bed rails for one out of five (#3) sampled residents.
Findings included:
Observations on / / at 8:40 AM during the facility tour showed Resident #3 asleep on bed with full side bed rails attached.
Record review showed Resident #3 had a physician's order for 1/2 bed rails dated / and consent to the use of half bed rail dated / .
During an interview on / at 10:15 AM Staff C (caregiver) stated Resident #3's supposed to have

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half bed rail but last nights I attached the full bed rails to her bed for safety. She stated the full bed rails are for Resident #2.
Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview, the facility failed to ensure that staff observed one out of five (#5) sampled residents take prescribed medications during the required time periods.
Findings included:
Observation on / / at 8:40 AM showed Resident #5 was having breakfast on a counter top located in the dining I had a plastic cup with medication pills. Further observations on / at 9:10 AM observed Resident #5 take the cup, put it to her mouth, and swallowed the medication then Resident #5 stated "I just took my medication."
During an interview on / at 9:28 AM Staff C (caregiver) stated I know that I have to observe Resident #5 swallow medications but I have a lot to do.
Class III

0054 Medication - Records

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for each resident who received assistance with self-administration of medications for five out of five (1-5) sampled residents.
Founding included:
Reviewed MORs for Residents #1, #2, #3, #4, and #5, review showed that facility staff did not initial the MORs on / / at 8:00 PM and on / / at 8:00 AM.
During an interview on / / at 9:28 AM Staff C (caregiver) stated I had not initialed the MORs for the morning medication today. She stated I give the medication to them and after I finished doing everything for them I go and I initialed the MORs she stated I knew that I have to do it after I assist each resident with medication. She stated I did not sign the MOR for last night's medication either. She stated I do it in the morning with the morning medication.
Class III

0055 Medication - Storage and Disposal

Based on observations and interview, the facility failed to keep medications locked up at all times for residents at the facility.
Findings included:
Observations on / at 8:40 AM during facility tour showed the unlocked medications for Resident #4's Silver Sulfadine 1% CRM. Further observations on / at 9:12 AM

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found the metal medication closet unlock.
During an interview on at 9:12 AM, Staff C (caregiver) stated I gave medications today and I forgot to locked the cabinet.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to notify the agency of the change of administrator within 10 days. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriated care to for the five residents at the facility.
Findings included:
On at 10:06 AM, a male arrived to the facility. He stated "I'm the Administrator." He stated this is my first survey as facility's Administrator. He sated the facility's Owner wanted me to become the new Administrator but still we are in the process. He stated the facility's owner is having medical procedure today. He stated I don't know how the previous Administrator showed up in Florida Health Finder website.
Record review showed the facility did not have documentation of the change of Administrator form and did not have a designation letter for another staff member during the absence of the Administrator.
During an interview on at 11:31 AM, Staff C (caregiver) stated the Administrator was working badly and she has not worked here for about two or three month.
Class III

0078 Staffing Standards - Staff

Based on observation, record review, and interview, the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of five (Staff D) sampled staff.
Findings included:
Observation on at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility that included a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .
During a phone interview on at 11:53 AM Staff D (caregiver) stated I lied to you. She reported

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SENIOR RETIREMENT HOME, INC	**3033 SW 6 STREET MIAMI, FL 33135**

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

I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its accurate staffing pattern for a given time period and showed its staffing hours per week. The facility failed to have qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs.
Findings included:
Observation on / / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On / at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility with training documentation.
During a phone interview on / at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Record review of the facility's staffing calendar for 2016 posted showed on / / C-Staff C (OFF), Staff E (caregiver) 7 AM to 7 PM, and Staff A (owner) 7 PM to 7 AM.
During an interview on / at 11:45 AM Staff C (caregiver) stated Staff E did not work here at this facility for over 3 month. She sated I'm the live in staff member who works Monday to Friday. Staff C She stated sorry by I'm here alone with all of them. She stated it is a lot to do.
Class III

0081 Training - Staff In-Service

Based on observation, record review, and interview the facility failed to ensure that one out of five (D)

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sampled staff received in- services within 30 days of employment.
Findings included:
Observation on I/ at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On I/ at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility with training documentation: control; Elopement Response; Emergency preparedness and Evacuation; Incident Reporting; Residents rights; Recognizing reporting , neglect and ; Nutrition and safe food handling training.
During a phone interview on I/ at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on I/ / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Class III

0082 Training - / /

Based on observation, record review, and interview the facility failed to ensure that one out of five (D) sampled staff received /
(/) training within 30 days of employment.
Findings included:
Observation on I/ / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On I/ at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility with / training documentation.
During a phone interview on I/ at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on I/ at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.

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Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review, and interview, the facility failed to provide four hours training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of five (D) sampled staff.
Findings included:
Observation on / / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On / at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility with medication training documentation.
During a phone interview on / at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Class III

0090 Training -

Based on observation, record review, and interview, the facility failed to maintain documentation of having completing at least one hour training in policies and procedures regarding ( ) within 30 days of employment for one out of five (D) sampled staff.
Findings included:
Observation on / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On / at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility with training documentation.
During a phone interview on / at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly

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with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Class III

0161 Records - Staff

Based on observation, record review, and interview, the facility failed to have a personnel record at time of survey for one out five (D) sampled staffs.
Findings included:
Observation on / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On / / at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility.
During a phone interview on / at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Class III

0162 Records - Resident

Based on record review and interview, the facility 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 (Resident #3) sampled residents.
Findings included:
Record review showed the contract between Resident #3 (admitted on /) and the facility was signed by a family member (daughter) of Resident #3. Record review showed the facility failed to have a health care surrogate appointed, health care proxy, guardian or a power of attorney signed and notarized.
During an interview on / at 11:06 AM Staff C (caregiver) and consultant reviewed the power of

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attorney on record for Resident #3 and they acknowledged that was blank and did not have a signature.
Uncorrected Class III

Z813 Results of Screening & Notification in File

Based on observation, record review and interview, the facility failed to have a personnel record at time of survey for one out five (D) sampled staff that included a level II background screening.
Findings included:
Observation on / at 8:30 AM, Staff D answered the facility's door wearing blue gloves on both hands.
On / / at 8:30 AM, she stated I'm the daughter of a Resident #4 and I come here to help her in the morning. She stated I'm going to call the staff. She walked to the last . Staff C (caregiver) walked out of the .
Record review showed Staff D did not have records at the facility. The background screening website showed on / / that Staff D's background screening dated / / (eligible).
During a phone interview on / at 11:53 AM Staff D (caregiver) stated I lied to you. She reported I've been working here for two years. She stated I'm an employee. She stated I take care of the elderly with baths, cleaning the house, and much more. I work 24 hours a day and I take off every 15 days, two days off. She stated I do everything for the residents.
During an interview on / at 11:58 AM, Staff C (caregiver) stated that Staff D worked at the facility for many months, she stated maybe nine or ten month. She reported she worked 24 hours like me. She assist resident with activities of daily living.
Unclassified deficiency

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11911859 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR RETIREMENT HOME, INC	3033 SW 6 STREET MIAMI, FL 33135

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed	ID Prefix A0181 Reg. # 58A-5.026(2) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) 8	DATE 4/11/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/18/2015	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Senior Retirement Home, Inc
3033 Sw 6 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a biennial revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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