STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	R
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **14833 SW 24 STREET** **MIAMI, FL 33185**	

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

0000 Initial Comments

A Complaint (CCR#2015012223) Second Revisit Survey was conducted on 05/04/16. Miramar Senior Living with a Standard License had the following deficiencies found at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have accurate health assessments that reflected the level of assistance needed with medications for two out of five (#1 and #2) sampled residents
Findings included:
Record review on showed Resident #1's health assessment (AHCA form 1823) dated did not specify that the resident needed assistance with self-administration of medication or medication administration. The new health assessment dated / showed that the individual needed assistance with self-administration of medication.
During an interview on at 10:23 AM, Resident #1's daughter stated I don't know how they giving medications to my dad. She stated I'm not giving the medication to him."
On at 10:25 AM Staff C (caregiver) completed a demonstration of how she gave medications to Resident #1. She stated "I took medications pills one by one and put it in his mouth with water in morning with breakfast." She stated "I have my medication training and I'm not a nurse."
The medication observation record (MOR) showed that facility staff initialed MOR for Resident #1.
Further record review found Resident #2(admitted)'s health assessment (AHCA form 1823) was no dated (left blank) and did not specified what kind of assistance Resident #2' needed with medications.
On at 10:35 AM Staff C (caregiver) completed another demonstration on how she gave medications to Resident #2. She stated "he have crush medication order." She stated "I crush the medication, I mixed medication powder with yogurt and I it on the put spoon to Resident #2."
During an interview on at 10:55 AM, the facility's Manager stated if the person cannot takes medication by his own who his is going to give his medication.
Uncorrected Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to obtain a written physician's order and signed consent form for use of a half bed rails for one out of five (#2) sampled residents. The facility failed to treat residents with consideration, respect and with due recognition of personal dignity and the need for privacy.
Findings included:

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During the facility tour on at 9:25 AM observed Resident #2 with half bed rails attached to his bed.
Record review on showed Resident #2 (admitted)) did not have any written physician's order for the use of half bed rails. Resident #2's informed consent for the use of half bed rails on record was not was not signed of resident or his representative.
During a phone interview on at 12:31 PM, the facility Manager stated that he did not have physician order for the use of half bed rail on record for review.
Further observation on at 9:25 AM showed Resident #3 (female) was taking a shower in the master in #_. #_ was occupied by Resident #1 (male).
During an interview on at 9:45 AM Staff C (caregiver) stated that residents take showers there without the curtain.
During an interview on at 9:47 AM Resident #1's family member (daughter) stated my dad do not look there. She stated he is a hospices resident.
Class III

0052 Medication - Assistance with Self-Admin

Based on observations and interview, the facility failed to ensure that staff followed the correct procedures during assistance with self-administration of medication for one out of five (#3) sampled residents.
Findings included:
On at 10:38 AM medication pass observation by Staff C (caregiver). She unlocked the medication cabinet took pink plastic box with Resident #3's medications: 81 MG; 325 Mg; 125 MCG; HBR 20 mg; Doxepin 25 Mg; 400 MG; 20 mg; Trifluperazine 5 mg; 137 MCG; 20; 5 Mg. Staff C punched bingo card in an empty fruit disposable plastic cup one by one. Staff C (caregiver) did not stated the medications' name to Resident #3. Resident #3 counted the pills and placed two pills on the table. Resident #3 placed the green pill to the side and stated "I do not want this pill." Staff C (caregiver) took pill from the table poured onto plastic cup. Staff walked to the kitchen put the disposable fruit cup without washing on the kitchen's window. Staff did not initial MOR and staff did not document that the resident refused to take the medications on the medication observation record (MOR).
On at 10:55 AM the facility's Manager stated this cup is not to give medications to resident " he dumps cups on the garbage " . He stated to Staff C (caregiver) "why you did not document on the MOR that she did not want to take this medication."
Class III

0053 Medication - Administration

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

Based on record review and interview, the facility failed to ensure that only licensed personnel administered medications to two out of five (#1 and #2) sampled residents.
Findings included:
During an interview on at 10:23 AM, Resident #1's daughter stated I don't know how they giving medications to my dad. She stated I'm not giving the medication to him."
On at 10:25 AM Staff C (caregiver) completed a demonstration of how she gave medications to Resident #1. She stated "I took medications pills one by one and put it in his mouth with water in morning with breakfast." She stated "I have my medication training and I'm not a nurse."
The medication observation record (MOR) showed that facility staff initialed MOR for Resident #1.
On at 10:35 AM Staff C (caregiver) completed another demonstration on how she gave medications to Resident #2. She stated "he have crush medication order." She stated "I crush the medication, I mixed medication powder with yogurt and I it on the put spoon to Resident #2."
During an interview on at 10:55 AM, the facility's Manager stated if the person cannot takes medication by his own who his is going to give his medication.
Uncorrected 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 receives assistance with self-administration of medications for one out five (#2) sampled residents.
Founding included:
On at 10:35 AM Staff C (caregiver) completed demonstration on how she gave medications to Resident #2. She stated "he have crush medication order." She stated "I crush the medication, I mixed medication powder with yogurt and I it on the put spoon to Resident #2."
Review on showed that Resident #2 did not have MORs for review. Resident #2 was admitted

On at 10:35 AM during an interview Staff C(caregiver) stated Resident #2's medications finished few days ego. She stated finished like two or three days ago. She stated I do not have record since he get here.
Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that one out of five (# 2) sampled residents had documentation of a power of attorney (POA), surrogate, or guardianship.
Findings included:
On at record review showed that Resident #2 (admitted)'s inform consent receive

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assistance with self-medication by unlicensed personnel was dated and signed by Resident #2's daughter.
During an interview on at 10:45 AM, facility's Manager stated that he did not have power of attorney for Resident #2's daughter signed his documentation.
Class III

Z814 Backaround Screenina Clearinahouse

Based on record review an interview, the facility failed to maintain an updated employee roster within the background screening's clearinghouse.
Findings included:
On reviewed the background screening's clearinghouse database and found the facility did not have any employees registered.
During an interview on at 12:31 PM the Manager stated "I'm working now." He stated "I will email the documentation needed to the agency."
Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966372 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAMAR SENIOR LIVING	14833 SW 24 STREET MIAMI, FL 33185

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 A0077	Correction	ID Prefix A0078	Correction	ID Prefix A0079	Correction
Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0082	Correction	ID Prefix A0083	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(3) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0084	Correction	ID Prefix A0090	Correction	ID Prefix A0152	Correction
Reg. # 58A-5.0191(5) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0161	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
		5/16/16		
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 1/13/2016		☐ 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
Miramar Senior Living
14833 Sw 24 Street
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Complaint **second** licensure revisit survey conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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(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

YOSF

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