STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	04/19/2016
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

0000 Initial Comments

An Abbreviated Survey was converted to a Standard Survey and was conducted in conjunction with Complaint Survey (CCR# 2016002932) on to . Capricorn Retirement Home, Inc. with Limited Mental Health (LMH) component had the following deficiencies at the time of survey:

0010 Admissions - Continued Residency

Based on interview and record review, the facility failed to continually assess the appropriateness of one out of seven sampled residents (Resident #6) for continued residency, and to assess the ability of facility staff to meet the needs of Resident #6. Resident #6 was hospitalized seven times in three months, for causes including ongoing and behavior. Resident #6 also had many unaccounted absences from the facility, after which no intervention was put in place by the facility. Resident #6 of his injuries after being struck by a car on / , when he was absent from the facility without the staff's knowledge.
The facility also failed to ensure that an accurate health assessment documentation was on file for 3 out of 7 (#1, #4, #6) sampled residents.

Findings:

1. A review of the police crash report dated showed that Resident #6 was hit by a car, half a mile away from the facility, at approximately 8:39 pm. The resident of his injuries as he was being transported to the hospital.

A record review of resident #6 's facility record revealed, an admission on , the health assessment (Agency for Health Care Administration, AHCA Form 1823) dated revealed, Resident #6 was diagnosed with and . A question in Section 2 (b) is, Does the individual need help with taking his medication? The answer to the question was left blank and unanswered. Furthermore, resident #6's health assessment (AHCA Form 1823) dated / revealed, the individual needs medication administration.
The Health Assessment, (AHCA) form 1823 dated revealed, The resident was listed as needing daily oversight with regard to well being, whereabouts and reminders for important tasks.

Record review of Resident #6's case management record revealed, the resident was admitted to the hospital seven times between 2015 and 2016 for a variety of symptoms including: severely depressed mood, or attempt, , hearing voices, , withdrawn behavior, Agitation, , Mood Swings, Pacing, behavior, and high Risk. The following are the seven hospitalizations:

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- / to /;
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- / / to /;
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- / / to / /;
- / / to / / ;
- / / to .

On at 4:01 PM to 4:30 PM, the case management (CM) activities notes documented, Resident #6 needed a higher level of treatment. As a result, the case manager (CM) contacted the assisted the living facility (ALF) to review with the ALF manager, the current list of medications that Resident #6 was taking. The notes documented, "Case Management (CM) was also informed by the facility staff that Resident #6, "walked out last night and has not returned. CM advised her to contact the Police if he did not return."

A record review of the facility's observation log for Resident #6 revealed:

-On , Resident #6 still hears voices and on / says he had been hearing voices again, " to run in to moving traffic and kill himself" was in the hospital a week.
-On , Resident #6 was "hearing voices, very sensible."
-On , " in hospital.'
-On , very .
-On , the resident was depressed.
On /, still very .

A review of the case management record for 2016 revealed, the current level of care, that resident #6 was not improving and continuously cycled back and forth to the hospital for , reasons. The case management record documented, resident #6 "still stated, he heard voices which made him violent, also these voices tell him to hurt himself."

Record review found no documentation that a police report or an incident report had been filed when resident #6 was missing as documented in the case management notes.

Record review showed no documentation that resident #6 had been re-evaluated after his absence from the facility to determine whether he was at risk of danger due to an elopement.

A review of the facility's record for resident #6 showed no documentation that services were coordinated with the case management service or the health care provider to address the resident's change in health condition, repeated hospitalizations and unreported absences from the facility.

The case management record's discharge disposition statement section written on / revealed, resident #6, "walked onto Highway into traffic because the voices told him to."

On at 10:00 am, Resident #6's mother reported, the police called her around midnight on to tell her that her son was . She further stated, she called the facility to tell them, and they were surprised and saddened by the news.

Record review revealed no documentation that Resident #6's health assessment (AHCA Form 1823)

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was updated to reflect the resident's changes in condition as documented in the facility's observation log and case management records.
2. a) Resident #1, admitted on , health assessment (AHCA form 1823) dated revealed, in section 1 (d) In response to the question: In your professional opinion, can this individuals needs be met in an assisted living facility, which is not a medical, nursing or facility, the response was marked, "NO." Furthermore, the health assessment did not specify if the resident needed help with his medication.
b) Resident #4, admitted on , health assessment (AHCA form 1823) dated did not specify what assistance this resident needed with medication. Furthermore, the Health assessment did not reveal if the resident needs assistance with ADLs or he is independent with activities of daily (ADLs). Subsequently health assessment did not specify if Resident #4 ' need special diet instruction (blank). In section 2 (b) stated does the individual need help with taking his medication was marked " YES " but we did not specify if needs assistance with self-administration of medication or needs total assistance with administration of medication. Section 1 (d) in your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing or facility, was blank.

During an interview on at 10:25 AM, Staff C did not have an answer for the reason the health assessments for residents #1, #4 and #6 were incomplete or not updated.
During an interview on At 11:27 AM, Staff D acknowledged, the resident's health assessments were incomplete or not updated after many hospitalizations.

Class II

0025 Resident Care - Supervision

Based on interview and record review, the facility failed to provide adequate observation and supervision or awareness of the general health, safety, physical and emotional well-being for one of seven sampled residents (Resident #6). Resident # 6 of his injuries after being struck by a car on , when he was absent from the facility without staff's knowledge.

Findings:

On at 10:00 am, Resident #6's mother stated that the police called her around midnight on to tell her that her son was . She further stated, she called the facility to tell them, and they were surprised and saddened by the news.
On at 10:05, Staff B (caregiver) stated that she learned of Resident #6's when the resident's mother called and asked her if the resident was at home. The resident's mother stated, the

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police called her to say that her son was , and she wasn't sure which son they were referring to.
Staff B stated, she went to the resident's found that he was not asleep in bed.
During an interview on at 11:27 AM, Staff D stated, Resident #6 used to go out every time he wants something. She further stated, the staff do not go to residents ' to check on them because residents do not like that. She stated, Resident #6 went to the hospital a few times this year.
A review of the facility's record for Resident #6 revealed, there was no documentation of the residents' hospitalizations on / / , / / , or / / .
Record review showed that the facility did not have the hospitalization discharge documentation for all seven hospitalizations from through in Resident #6's record.
Record review showed that the Medication Observation Records for Resident #6 were signed by facility Staff indicating the resident had taken his medications on to / / . On / / to / / / , facility staff initialed medications: 50 mg at 9:00 PM, Benzetropine 2 mg at 8:00 AM, and 10 mg at 8:00 AM and 8:00 PM, even though the resident was hospitalized at the time.
On at 10:42 AM, Staff C stated, the resident was at the hospital from / / to / / / .
She further stated, "and by mistake I initialed the Medication Observation Records (MORs)."
Record review showed that the facility implemented a resident sign out log on , after Resident #6's .
Class III

0054 Medication - Records

Based on record review and interview the facility failed to maintain an accurate daily medication observation record (MOR) for residents who receives assistance with self-administration of medications for one out seven (#6) sampled residents.
Founding included:
On Review Medication Observation Record (MORs) for Resident #6 ' showed that on 16 the Medication observation recorded (MORs) showed that from / / to / / / the fallowed: Sod take one tablet by mouth twice daily (8:00 PM and 8:00 PM), 100 mg one tablet by mouth at bed time as needed (9 pm), 15 mg tablet at bed time (9 pm), 1 mg tablet take 1 tablet by mouth twice daily at (8:00 AM and 8:00 Pm) mark (H) hospital; BENZATINE 2 mg tab 1 tab by mouth every day at (8:00 AM)initialed by caregiver), HYDROXZINEPAM 50MG take 1 capsule by mouth every night at bedtime (9:00 PM) initialed by caregiver,
10 MG oral tablet 1 tab by mouth twice daily (8:00 AM and 8:00 PM initialed by caregiver.
Record review showed , 2015 medication record was initialed by staff from / / to / / . Resident #6 was admitted to the hospital from / / to / / , from / / to / / / and from / / to / / / .
During an interview on / at 10:42 AM, Staff C stated that resident was at the hospital from / /

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/16 to . I/ . I/ . . and further stated "Resident #6 was at the hospital and by mistake I initialed the MORs."

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have evidence of negative ( ) examinations documented on an annual basis for two out of three sampled staff (Staff B and D).
Findings include:
Facility record review showed that Staff B and Staff D were scheduled to work on / , Staff B from 7:00 AM to 5:00 PM and Staff D from 9:00 AM to 5:00 PM.
Record review on showed that Staff B, hired on / , did not have documentation of freedom from communicable or a test result on record for review. Staff D hired on I/ . . . I did not have documentation of a current negative examination.
On / at 11:09 AM, t Staff C stated Staff B and Staff D did not have the test done.

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.
Findings included:
On at 8:30 AM upon entrance to the facility Resident # 4 opened the door, Staff A was seated at the kitchen having coffee. Resident #4 called Staff C who was in her . . . . .
Record review showed the facility staffing pattern for the week of to I/ identified that Staff B was scheduled to work from 7:00 AM to 5:00 PM and Staff D was scheduled to work from 9:00 AM to 5:00 PM
During an interview on / at 9:30 AM Staff C stated "Staff D will come tomorrow. She is not coming today. Staff B went to work. "
Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility's Administrator failed to successfully completed the assisted living facility core training test requirement within three month from the date of become facility administrator.
Findings included:
Record review on / showed that facility Administrator (hired on) did not have

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documentation that he passed the core training exam for review.
On at 11:08 AM, the Staff C stated that administrator did not pass the Core training test. Staff C stated "I don't know when he will have the new test."
Class III

0082 Training -

Based on record review and interview the facility failed to ensure that two out of four (B and D) sampled staff received training within 30 days of employment.
Findings included:
Facility record review showed that Staff B and Staff D were at the staffing pattern scheduled to work on , Staff B from 7:00 AM to 5:00 PM and Staff D from 9:00 AM to 5:00 PM
Review on showed that Staff B (administrator) hired on and Staff D (manager) hired on did not have on record training for review.
During an interview on at 11:09 AM, the Staff C acknowledged that staffs B and D did not have the training documentationon record for review during survey.
Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to have 3-day supply of nonperishable food for the census of five Residents.
Findings included:
Observations on at 9:00 AM showed that the facility ' s storage cabinet located in the kitchen did not have 3 days emergency milk (0) for the census of 5 residents; The Facility needs 240 ounces for census of five residents; Facility did have 30 ounces of protein; The facility needs 90 ounces of protein for census of five residents, Breads and starches at the facility 31.7 ounces; The facility needed 90 ounces for census of five residents.
During an interview on at 9:00 AM facility staff C (caregiver) looked for the emergency food supplies milk, protein and starches in the kitchen cabinet. Staff C stated I ' m going to buy the emergency food.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean living environment to facility residents. Facility failed to maintain free of hazards for residents.
Finding Included:

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On at 8:58 AM facility tour was conducted with Staff C, showed that entrance door was dirty. Near the entrance door the light switch missing a part and a had hole nearby. The living two chairs occupied with clothes. The kitchen counter door was dirty. Near to # a water fountain wall was observe with a dirty black spot.Furthermore # wall with a black spot near to the bed located to the right side. The facility had strong foul odor. The exit to the patio that the residents use as a smoking area was full of debris.
During the exit interview on / at 3:40 PM, Staff C acknowledged that facility needed to be painted and repairs needed to be done. She further stated that they'd hired a person to paint and clean up.
Class III

0160 Records - Facility

Based on record review, and interview, the facility failed to have proof of a satisfactory health department inspection and Fire inspection report without violation.
Findings included:
Review facility record on showed that the health department inspection report was not at the facility for review. Furthermore Fire department inspection report was dated / / with violation.
During an interview on at 2:01 PM, Staff C stated "We do not have the documentation on record."

Class III

Z814 Background Screening Clearinghouse

Based on observation, interview and record review, the facility failed to maintain an updated employee roster within the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse.
Findings included:
A review of the AHCA Background Screening Clearinghouse database showed that there was no completed employee roster listing Staff A (hired on); Staff B (hired on /); Staff C (hired on) and Staff D (manager) hired on / .
On / at 11:42 PM, Staff C acknowledged that the employee roster had not been completed for the facility.
Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to maintain documentation of eligible Level II background screening results for one out of six (Staff B-Administrator) sampled staff.

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Findings included:
A review of the personnel record showed Staff B hired on / did not have background screening results. A review of the Agency for Health Care Administration (AHCA) Background Screening database showed that Staff B's results were listed as, " Awaiting Privacy Policy."
During an interview on at 3:40 PM at the exit interview, Staff C acknowledged there was no documentation of a background screening result was in the file.
During an interview on 11:27 AM, Staff D stated, Staff B acknowledged the background screening was not in record.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016
AMENDED

Administrator
Capricorn Retirement Home Inc
13720 Nw 1 Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a biennial licensure survey that was concluded on , 2016 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. **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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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