STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910997 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
NIGHTINGALE MANOR	1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139

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 A0010	Correction	ID Prefix A0025	Correction	ID Prefix A0051	Correction
Reg. # 429.26(1&9) FS; 58A-5.0181(4) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0185(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix A0152	Correction	ID Prefix A0160	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix AZ814	Correction	ID Prefix AZ815	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	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 6/8/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/31/2016	☐ YES ☐ NO

EVENT ID: L7HX12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910997	R
NAME OF PROVIDER OR SUPPLIER **NIGHTINGALE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1753 MICHIGAN AVENUE** **MIAMI BEACH, FL 33139**	

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

0000 Initial Comments

A Standard Biennial Survey Revisit was conducted on May 09, 2016-May 20, 2016. Nightingale Manor (license #4687) had deficiencies identified at the time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to take the medications, in its previously dispensed, properly labeled container during assistance with self-administration of medications.
Findings included:
Observation on after 12:00 p.m. revealed that the facility was storing residents' medications in plastic containers not the originally dispensed and labeled container from the pharmacy. These medications were kept inside a cabinet inside of the facility's.
Observation on at 12: 10 p.m. revealed Staff D had a zip bag with two plastic cup inside with medications inside (noon) that belonged to Resident #13 in the kitchen on top of a card waiting for Resident #13 to drink them.
Interview on at 12:20 p.m. Staff B revealed, "The Administrator is no longer using the pill organizer, she is using the plastic cups, which are easier that the pill organizer to handle, they are divided; cups had Residents ' names and time. "
Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep over the counter medication secured in a shared . The facility also failed to ensure that medications were not left in a common area unlocked and unsupervised.
Findings included:
Observation on at 11:20 am found Residents #4 and #12 shared # , # had five containers of Ointment 0.1 % that belonged to Resident #12. The medications were on top of the night stand unlocked. Further observations revealed two bottle of No Flush 500 mg (unlabeled) on top of a table at the dining area.
Interview on at 11:20 am Staff B acknowledged that # had unlocked over the counter medications in a shared , and medications at the kitchen area unlocked and unlabeled.
Uncorrected deficiency

0079 Staffing Standards - Levels

Based on observation and record review the facility failed to ensure at least one staff member who has

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	AL11910997	R
NAME OF PROVIDER OR SUPPLIER **NIGHTINGALE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1753 MICHIGAN AVENUE** **MIAMI BEACH, FL 33139**	

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

access to facility and resident records at all times when residents are in the facility.

Findings include:

Observation on at 9:40 a.m. revealed facility had four Staff working at time of survey.

Interview on at 9:55 a.m. Staff C, D, and E stated, "no employee have access to the facility's files and/or Staff files, the Administrator and Staff B have the key of the office; Staff B will be here soon."

Observation on at 10:15 am revealed Staff B arrived and opened the office door, where they had the files.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nightingale Manor
1753 Michigan Avenue
Miami Beach, FL 33139

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey concluded on , 2016 by 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 , .**

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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