STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	06/01/2016
NAME OF PROVIDER OR SUPPLIER GABLES MANOR ENTERPRISES II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 670 EAST 57 STREET HIALEAH, FL 33013	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Gables Manor Enterprises II (License #10608) had the following deficiencies identified at time of the survey:

0010 Admissions - Continued Residencv

Based on observation, interview, and record review the facility failed have updated health assessments after significant changes in activities of daily living and for two out of five (#s 1 and 2) sampled residents.

Findings included:

Observation on / from 11:45 am - 11:53 am to Staff B and C revealed that they fed Residents #1 and #2.

Record review on / to Resident #1 ' s AHCA Form1823 (Health assessment) medication ' s page stated, " Needs assistance with self-administration of medication and needs assistance to eat. "

Record review on / to Resident #3 ' s AHCA Form1823 medication ' s page stated, " Needs assistance with self-administration of medication and needs assistance to eat. "

Interview on / at 12:57 pm to Staff C stated, " I assisted with medications; we provide the medications to the hospice residents with a spoon, they cannot grab the medications and /or spoon. Interview at 1:06 to staff B stated, " I have my training to assist with medications, I have 4 hrs. I assist all the residents with medications. I used a spoon with Resident #1 and Resident #2; they cannot do it themselves."

Interview on / at 1:40 pm to Administrator acknowledged that the 1823 needs to reflect Residents ' (1 and 3) changes ".

Class III

0053 Medication - Administration

Based on observation, record review and interview the facility failed to ensure that licensed personnel administer medications to two out of five (# 1 and 3) sampled residents.

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Findings included:

Observation on /// at 1:12 pm showed Staff C placing Resident #1's medication (25 mg) onto a spoon and administered the medication to Resident #1 ' s mouth.

Record review to Resident #1's Medication Observation Record (MOR) reflected that Staff were signed her medications as given.

Interview on /// between 12:57 pm - 1:06 pm to Staffs A and B acknowledged that they administer the medications to Residents (1 and 3) using a spoon because they cannot grab the medication and/or spoon themselves.

Interview on /// at 12:40 pm to Hospice ' s Nurse stated, " I am the Nurse for Resident #2, Resident #3 and Resident #1. For the female residents, I come once a week, and the male resident two times a week. The skin is intact, they are doing an excellent work. I do not administer the medications; the facility is in charge of that. The male has some problems to swallow the food, but it is depends of the day. He is not always like that; he is under thickener. "

Interview on /// at 1:30 to Administrator stated, " Hospice is not administrating the medication, I thought that staff could do it using a spoon; how it could be done? "

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 #2) sampled residents.

Findings included:

Record review on /// to Resident #2 ' s family member signed her record (documents) dated on ///.

Record review on /// revealed that Resident ' s family member did not have in file a health care surrogate appointed, health care proxy, guardian or a power of attorney for resident #2.

Interview on /// at 12:00 pm to Administrator revealed that Resident #2 ' s family member did not

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have the documentation mentioned above.

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have an Attestation of Compliance with Background Screening reference in personnel ' s (A-B) file.

Findings included:

A review of the staff schedule on / / at 9:30 a.m. showed facility ' s updated staffing pattern reflected that staff A-B work in the facility.

Record review on / / revealed staffs A-B have their backgrounds screening in file, but the Attestation reference from each staffs A-B were missing.

During an interview on / / at 11:23 a.m. the Administrator stated, " I did not know that I have to keep the Attestation reference with the staffs ' background screening. The Administrator acknowledged that Staff A and B did not have Attestation reference in their files.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gables Manor Enterprises Ii Inc
670 East 57 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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. 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3151.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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