STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966756	07/21/2016
NAME OF PROVIDER OR SUPPLIER **RITA MARIA GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **15348 S W 33 LANE** **MIAMI, FL 33185**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016 and concluded on , 2016. Rita Maria Group Home (Facility Lic#10908) had the following deficiencies identified at time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to provide a completed Health Assessment for one out of six sampled residents (Resident #1).

Finding Included:

Record review on of Resident #1's file revealed the Health Assessment for Resident #1 was incomplete. It was missing the resident's health diagnoses.

During an interview on at 1:37 PM the the Administrator acknowledged that Health Assessment (form 1823) was missing the diagnoses.

Class III

0025 Resident Care - Supervision

Based on observation, record review, and interview the facility failed to maintain written documentation for one out of six (Resident #4) sampled residents' behavior.

Findings included:

Observation on at 12:00 PM found Resident #4 with bandages on both feet.

Record review revealed Resident #4 had no progress notes regarding a visit from the Podiatrist on file or that she was constantly scratching her legs.

Interview on at 12:00 PM the Administrator stated, " She has no but she has like a scratch in her feet. The Podiatrist came to see her yesterday."
Interview on at 1:30 PM the Administrator, stated, " I forget to write about the Podiatrist visit and service on regards of Resident #4."
Phone interview on , the Podiatry confirmed that she went to the facility check on Resident #4's feet. The Podiatrist stated, "Resident #4 has no , I put the gauze to prevent that she hurt

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herself every time she cross the legs together because it happens before. I did not leave any information by writing or a copy of my notes."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that the centrally stored medications were kept in a locked in a central storage at all times.

Findings included:

Observation during tour on at 9:55 AM showed medications (Liquid Predigested Protein, Natural Balance Tears and 650 mg) inside the kitchen refrigerator unlocked.

Interview on at 9:55 PM, Staff A stated, " That medication belongs to Resident #1."

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have an appoint manager in writing for the facility.

Findings included:

Review of facility finder website revealed that the Administrator administers two facilities.
The background screening's employee roster showed the current Administrator listed as the administrator of two facilities. The facility failed to have an appoint manager in writing for the facility.

Interview on at 2:00 PM the Administrator stated, " I was told by my consultant that I do not need to have a manager because I only have two facilities."

Class III

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rita Maria Group Home
15348 S W 33 Lane
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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