STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968501	07/26/2016
NAME OF PROVIDER OR SUPPLIER DEL RIO HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7611 NW 186 STREET MIAMI, FL 33015	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2016. Del Rio Home ALF Inc. (Lic # 12410) had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have updated Rehealth assessments (AHCA1823 Form) after significant changes in activities of daily living for .

Findings included:

Observation on from 9:15 am to 2:30 pm revealed that Resident #2 was fed by Staff B, Resident #1 was fed by a family member and Resident #3 was fed by a friend. Resident #2 stayed seated with a blanket covering him, and he did not talk with residents and/or read the newspaper. Furthermore, observation at 2:00 pm revealed that Resident #2 did not participate in the activity with other Residents (4, 5 and 6).

Observation on at 12:00 pm revealed that Resident #3 could not take the medication into her mouth. Observation around 12:00 pm Staff B simulated providinge medication (little piece of Avocado) to Resident #2; however, he could not bring the piece of avocado in his hands himself.

Interview on at 12:13 pm Staff B abruptly stated, " Resident #3 ' s family came to help me with the medication every day, she provides the medication for her. "

Interview on / at 12:30 pm Resident #3 ' s friend stated, " I am not a family member, I am a friend for a long time, and we used to work together, I come every two weeks, and I do not provide the medications for her. "

Record review on Resident #1 ' s AHCA ' s 1823 Form (health assessment) reflected that Resident #1 has no care. Residents #2 and #3 needed assistance with self-Administration of medication and feeding.

Interview on at 1:00 pm Staff B stated, " To be honest Resident #2 cannot bring his hand to his mouth and I have to help him with my hands for him to do it. Also, Staff B stated, " Resident #3 cannot understand the command that she has to put her medication in her mouth. "

Interview on / at 2:30 pm Resident #2 ' s family member stated, " He is not participating in

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activities or conversation; he is not the same anymore. Staff B provides the medication for him because he is not as he used to be anymore; he has declined. "

Class III

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to maintain Resident #2's Progress Notes update due to significant changes in his health. Facility failed to maintain Resident #1 ' s Hospice Care Plan update.

Findings included:
Observation on from 9:15 am to 2:30 pm revealed that Resident #2 was fed by Staff B. Resident #2 stayed seated with a blanket covering him, and he did not talk with residents and/or read the newspaper. Furthermore, observation at 2:00 pm revealed that Resident #2 did not participate in activity with other Residents (4, 5 and 6).
Record review on Resident #2 ' s progress notes stated, " Participates in activity. Talks with other residents. He watch TV and read newspapers. Not change. " Moreover, Resident #2 ' s progress notes did not reflect any information regarding the .
Record review on Resident #1 ' s Hospice record did not have the most update information regarding care. The last Care Plan Review was dated on / / -
Interview on / at 11:30 am Staff D stated, " We have a resident under hospice care and she also has a in her right hip; however, there is a nurse who comes every day to take care of it."
Interview on at 12:25 pm Staff B stated, " I feed Resident #2 because he cannot do it anymore. "
Interview on at 2:30 pm Resident #2 ' s family member stated, " He has a because he will have a procedure done next week. He needs more assistance than before. "
Interview on / at 2:58 pm Administrator stated, " Resident #2 had a done on the last week due to having problem with the . He also has a history of , and the Urologist wants to see him and make a , therefore, they put the . The procedure will be done on , 2016. Administrator also stated, " I did not write any notes in his record explaining that. "
Interview on / at 4:44 pm Hospice ' s Nurse stated, " care is improving , I did not left my most update written information regarding Resident #1 ' s care in the facility. The Care Plan Review is done every two weeks after; therefore, the last care plan in Resident #1 ' s record is from / / - ; it is a review. "
Class III

0030 Resident Care - Rights & Facility Procedures

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Based on observation, record review and interview the facility failed to honor resident rights for one of six residents (#2) sampled. The facility restrained the residetn by the use of a full bed rail which the resident could not remove.

Findings included:

Observation during the tour of the facility on / at 9:21 am showed one bed with full bed rails on it in # that belonged to Resident #2.

Record review on / Resident #2 ' s record reflected a doctor order (dated on /) for the use of full bed rail. However, Resident #2 was not under hospice care.

Interview on at 9:21 am Staff B stated, " Resident #2 used the full bed rail to sleep during night time to prevent him to ; he cannot come out from the bed without assistance. "

Interview on at 2:30 pm Resident #2 ' s family member stated, " He is using a full bed rail because one day he came out from the bed and . "

Interview on at 3:00 pm Staff A stated, " I heard that it is okay to have a resident with full bed rail, if it is consent for the family, and there is a written order from the physician. "

Class III

0053 Medication - Administration

Based on observation, record review, and interviews the facility failed to ensure that licensed staff members administered medications to two of six (2 and 3) sampled residents.

Findings included:

Observation on at 12:00 pm revealed that Resident #2 was fed for Staff B, Resident #1 was fed by a family member and Resident #3 was fed by a friend. Also, Observation around 12:00 pm Staff B simulated to provide medication (little piece of Avocado) to Resident #2; however, Resident #2 could not bring the piece of avocado into his mouth himself.

Observation on / around 12:00 pm staff B poured a medication (2 mg) to the resident's hand; however, Resident #3 could not follow the command of taking the medication into her mouth. Resident #3 kept the medication on her hand, and it on her chest. A friend that was feeding

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Resident #3 at the time took the pill with her hand (no gloves) and put it into Resident #3's mouth. Staff B walked away from Resident #3; therefore, Staff B did not observe Resident #3 swallowing the medication.

Record review on Residents ' (2 and 3) AHCA ' s Form 1823 stated that the resident needed assistance with self-administration of medication.

Record review on on Resident #1 ' s record showed a 'crush medication' order dated on Resident #1 ' s AHCA ' s 1823 Form (health assessment) reflected the following diagnosis: , and High or behavioral status as .

Interviewed on at 12:13 pm Staff B abruptly stated, " Resident #3 ' s family comes to help me with the medication every day, she provides the medication for her every day. "

Interview on at 12:25 pm Staff B stated, " I feed Resident #2 because he cannot do it anymore. "

Interview on at 12:30 pm Resident #3 ' s friend stated, " I am not a family member, I am a friend for a long time, and we used to work together. The son does not come often, and I come every two weeks, and I do not provide the medications for her. Her son knows that there is a language barrier, but he wants to keep her here comparined other places. I put the medication in her mouth instinctively when I saw that it on her chest. " Record review on revealed that there is no documentation that reflected that a friend and/or family member will provide medication to Resident #3.

Interviewed on at 1:00 pm Staff B stated, " To be honest Resident #2 cannot bring her hand to his mouth and I have to help him with my hands for him to do it. Also, Staff B stated, " Resident #3 cannot understand that she has to put her medication in her mouth. "

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the provider failed to ensure that the centrally stored medication was kept in a locked in a central storage area at all times.

Findings included:

Observation during tour on at 9:35 am showed a medication (Suppositories) in the kitchen refrigerator (unlocked).

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Interviewed on at 9:35 am, Staff B stated, " That medication belongs to Resident #1. "

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the assisted living facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During a facility tour on / at 9:30 am, observed the rear right side of the house (back side/ open access) was overloaded with broken pieces of wood and debris of tile.

Observation during tour on / at 9:30 am revealed that the sitting area (Florida) glass door was cracked.

Interviewed on at 2:30:00 pm , Staff A stated, " I will send it to repair the glass door. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Del Rio Home Alf Inc
7611 Nw 186 Street
Miami, FL 33015

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. .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, Helth Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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