STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965944	08/04/2016
NAME OF PROVIDER OR SUPPLIER **MARULY'S ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SW 136 AVE** **MIAMI, FL 33184**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Maruly's Adult Care (license # 10215) had the following deficiencies at the time of survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed have updated health assessments that showed one out of six (#1) sampled residents required medication administration.
Findings included:
On at 8:15 AM during the facility tour observed Resident #1 in # in bed with contracted hands on her chest.
Resident record review on showed that Resident #1's health assessment dated / revealed Resident #1 needed total care with all activities of daily living (ADLs). Section 2 B of the assessment showed that the resident need assistance with self-administration of medications. Record review also found a physician's order dated to crush her medications.
During an interview on at 10:49 AM Staff D (caregiver) stated that she assisted Resident #1 with self-administration of medication. She stated I crush her medication into apple sauce and feed it to her on a spoon. "I administered her medication." She stated "I'm not a nurse." She stated Resident #1 has rigid hands she cannot hold anything with her hands.
Interview on at 1:30 PM with facility's Manager, she acknowledged the deficiency.
Class III

0053 Medication - Administration

Based on observations, record review, and interview, the facility failed to ensure that only licensed personnel administer crush medications to one out of six (#1) sampled residents.
Findings included:
On at 8:15 AM during the facility tour observed Resident #1 in # in bed with contracted hands on her chest.
Resident record review on showed that Resident #1's health assessment dated revealed Resident #1 needed total care with all activities of daily living (ADLs). Section 2 B of the assessment showed that the resident need assistance with self-administration of medications. Record review also found a physician's order dated to crush her medications.
During an interview on at 10:49 AM Staff D (caregiver) stated that she assisted Resident #1 with self-administration of medication. She stated I crush her medication into apple sauce and feed it to her on a spoon. "I administered her medication." She stated "I'm not a nurse." She stated Resident #1 has rigid hands she cannot hold anything with her hands.

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Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out four (D) sampled staff.
Findings included:
Record review on showed Staff D did not have documentation that staff received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. The last medication training on record were dated (4 hours)
During an interview on at 9:55 AM, Staff D (caregiver) stated I did assist residents with medication morning, noon.
Class III

0160 Records - Facilitv

Based on record review and interview, the facility failed to have a current fire inspection.
Findings included:
Record review on showed the facility did not have a current fire inspection available for review. The fire inspection posted at the facility bulletin board was dated
During an interview on at 11:32 AM, the facility's Consultant stated that fire inspector did not come yet do the inspection.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Maruly's Adult Care
311 Sw 136 Ave
Miami, FL 33184

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

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