STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910711 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN MANOR	2001 POLK STREET HOLLYWOOD, FL 33020

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 AN277 Reg. # 58A-5.031(2) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 9/1/16	SIGNATURE OF SURVEYOR	DATE 9/1/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/8/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	R 08/18/2016
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

A follow-up inspection was conducted from 8-15-16 to 8-18-16 at Midtown Manor assisted living facility. The Midtown Manor assisted living facility had deficiencies during this inspection and did not correct its previous deficiencies.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to treat 1 out of 2 sampled discharged residents (Resident #26), with consideration and respect during the resident's discharge process.

The findings are:

Review of the facility records indicated that Resident #26 was admitted on - and was discharged from the facility on -. Further review of the resident's record did not indicate that the facility completed a resident inventory list to ensure that the resident's personal items were documented to be returned when the resident was discharged on -.

In an interview with Resident #26's sister on - at 11:05 am, she stated that when Resident #26 was discharged from the facility on -, the facility did not ensure that the resident had received all of her personal items, including a hearing aid, decorative pictures and several clothing garments. She stated that she spoke with the Administrator after the resident was discharged and the facility did not offer any attempts to find the resident's personal items or resolve this in any way. She stated that the facility did not provide her with the resident's inventory list to account for any items that may have been missing.
In an interview with the Administrator on - at 12:15 pm, she stated that she believed that the facility transported all of Resident #26 ' s personal items to the new facility. She stated that she believed that none of the resident's personal belongings were left behind, and that she did not specifically ensure to ask the resident's sister if there were any personal items the resident was missing after the resident's discharge. She stated that the facility did not have a completed resident inventory list to document Resident # 26's personal belongings when she was admitted and to verify that the resident received every item back when she was discharged on -.

Class III

0053 Medication - Administration

Based on observation, interview and record review, the facility failed to ensure acceptable professional

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nursing standards of practice were followed for glucose monitoring for administration of . This was evidenced by the failure to document the times of the glucose monitoring as ordered, for 5 of 6 sampled residents (Residents #7, #9, #19, #20 and #21).

The findings include:

Review of Resident #21's Health Assessment form dated on / indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #21 had a diagnosis of dependent and was prescribed Lantus 50 units every morning and 55 units every evening. Additionally, the resident was ordered daily glucose testing/ monitoring in the morning and evening. Review of the 2016 Glucose Monitor Sheet indicated that on , there was no documentation of the required morning and evening glucose testing noted by the nurse on the log.

Review of Resident #20's Health Assessment form dated on indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #20 had a diagnosis of dependent and was prescribed , 35 units every morning and night and 3 units every evening. Further review indicated that the resident was ordered daily glucose testing/ monitoring in the morning and evening. Review of the 2016 Glucose Monitor Sheet indicated that on there was no documentation of the times of the required glucose testing noted by the nurse on the log.

Review of Resident #19's Health Assessment form dated on indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #19 had a diagnosis of dependent and was prescribed Lantus 55 units every morning and 80 units every evening. Additionally, the resident was ordered daily glucose testing/ monitoring in the morning and evening. Review of the 2016 Glucose Monitor Sheet indicated that on , no nursing documentation of the times of the required morning and evening glucose testing on the log.

Review of Resident #9' s current Health Assessment form indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #9 had a diagnosis of dependent and was prescribed 10 units every morning before breakfast and 8 units every evening. Additionally, the resident was ordered daily glucose testing/ monitoring in the morning and evening. Review of the 2016 Glucose Monitor Sheet indicated that from 1 thru , there was no nursing documentation of the actual times of the required morning and evening glucose testing noted on the log.

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Review of Resident #7's current Health Assessment form indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #7 had a diagnosis of dependent and was prescribed 54 units every morning and 45 units every evening. Additionally, the resident was ordered daily glucose testing/ monitoring in the morning and evening. Review of the 2016 Glucose Monitor Sheet indicated that on there was no nursing documentation of the actual times of the required morning and evening glucose testing noted on the log.

Review of the facility policy, "Third Party Provider Policy and Procedure" indicated that all 3rd party providers must adhere to the procedures when providing services to the residents in the facility. The nurse will provide written documentation of administration as ordered by the physician to include, document date, time, glucose level, amount of administered and nurses signature.

In an interview with the Administrator on / at 10:30 AM, she stated that the facility did not employ nurses, but contracted with a Home Health Agency to provide a nurse who would conduct glucose testing and administer to the residents as ordered by their physician. The Administrator stated that she would expect that the glucose monitoring be completed by the nurse and documented in the resident's medical record, on the facility Glucose Monitor Sheet. She stated that she was unaware that the nurse had not documented the times when the testing had been completed.

Class III

0054 Medication - Records

Based on observation, interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for residents. This was evidenced by the failure of the nurse to accurately document the prescribed medications that were administered on the MOR, for 2 of 6 sampled residents (Resident #20 and #21)

The findings include:

Record review of the 2016 Medication Observation Record (MOR) for Residents #20 and #21 indicated that the residents had not been administered their medications as prescribed.

Review of Resident #21's Health Assessment form dated on / indicated that the resident required medication management and skilled nursing to administer . Review of the 2016

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MOR indicated that Resident #21 had a diagnosis of dependent and was prescribed Lantus 50 units every morning and 55 units every evening. Additionally, the resident was ordered daily glucose testing/ monitoring in the morning and evening. Further review of the MOR indicated that on , the evening dose had not been administered and on both the morning and evening was not administered as prescribed by the resident's physician.

Review of Resident #20's Health Assessment form dated on indicated that the resident required medication management and skilled nursing to administer . Review of the 2016 MOR indicated that Resident #20 had a diagnosis of dependent and was prescribed , 35 units every morning and night and 3 units every evening. Further review indicated that the resident was ordered daily glucose testing/ monitoring in the morning and evening. Further review of the 2016 MOR indicated that the morning and evening dose was not administered on and 14th. Additionally, on and 14th the evening dose of was not administered.

Review of the facility policy, "Third Party Provider Policy and Procedure" indicated that all 3rd party providers must adhere to the procedures when providing services to the residents in the facility. The nurse will provide written documentation of administration as ordered by the physician to include, document date, time, glucose level, amount of administered and nurses signature.

In an interview with the Administrator on at 10:30 AM, she stated that it was the facility policy, that when medication is administered to the resident, the MOR must be completed at that time. She stated that the facility did not employ nurses, but contracted with a Home Health Agency to provide a nurse who would conduct glucose testing and administer to the residents as ordered by their physician. The Administrator stated that she would expect that the prescribed be administered by the nurse and documented in the resident's medical record along with the MOR. She stated that she had recently conducted training for the 3rd party provider nurses to review the facility policy and she was unaware that the policy had not been followed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on August 18, 2016 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 September 1, 2016.**

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosures: State form 5000-3547 and Revisit report

YOSF

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