RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Petshirl
8361 N E 3rd Avenue
Miami, FL 33138

Dear Administrator:

e eports the findings of a Standard Biennial inspection survey conducted on - and concluded on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0077 - 429.176 Fs; 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= Class II

Directed Corrective Actions:

1. The facility shall establish supervision from an Administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by State regulations. The facility's Administrator must possess all the required training and credentials necessary as per State regulations, and the facility must establish a separate individual serving as a manager or alternate administrator, who must satisfy the same qualifications, background screening, CORE training and competency test requirements, and continuing education requirements of an Administrator as per State regulations. **This shall be completed by , 2016.**

2. The facility shall maintain completed employee records for all employees on the facility's premises at all times. These employee records shall contain a copy of the employment application, with references furnished, documentation verifying freedom from signs or symptoms of communicable , documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under State regulations. The First Aid and and the staff in-services were missing from the employee's files. The facility shall maintain a staffing schedule with the required 212 hours per week to care for a census of six residents. **This shall be completed by , 2016.**

Miami Field Office
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Petshirl
, 2016

3. The facility shall maintain completed resident's records for all residents on the facility's premises at all times. These resident records shall contain completed demographic information, an executed contract, completed and current health assessments, and written documentation of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. **This shall be completed by , 2016.**

4. The facility shall ensure residents have a safe and descent living environment. The facility shall be cleared of all clutter and to fix all appliances in need of fixing or replaced. All damaged areas inside of the facility walls, ceilings, and floor tiles shall be fixed. The outside areas of the facility grounds shall be cleaned and all non-work vehicles shall be removed from the premises. **This shall be completed by , 2016.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 Verlande Exit, Health Facility Evaluator Supervisor, Miami, (305) 593-3100

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve

D7JR

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September [illegible], 2016

Administrator
Petshirl
8361 N E 3rd Avenue
Miami, FL 33138

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was concluded on September [illegible], 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. **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 [illegible], 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.

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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AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	09/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PETSHIRL	8361 N E 3RD AVENUE MIAMI, FL 33138

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

0000 Initial Comments

A Standard Biennial survey was conducted at Petshirl Group Home on - |- and concluded on - -. There were deficiencies found at the time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview the facility failed to have an activities calendar.

Findings included:

Observation on - - |- at 9:35 AM found the facility did not have an activities calendar. Further observations during the survey, found staff did not offer activities to the residents.

Interviewed the Administrator on - - |- at 2:30 PM, she stated that there was no activities schedule completed.

Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to have conducted two elopement drills per year.

Findings included:

Record review revealed that the facility had not conducted any elopement drills since -).

Interviewed the Administrator on - |- at 3:00 PM, she stated that the facility has not completed elopement drills in years.

Class III

0077 Staffing Standards - Administrators

Based on observations, interview, and record review the facility failed to ensure that the Administrator supervised staff to ensure the appropriate care was provided residents. The Administrator failed to provide oversight and supervision over the operation of the facility including the management of staff.

AGENCY FOR HEALTH CARE ADMINISTRATION

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NAME OF PROVIDER OR SUPPLIER **PETSHIRL**	STREET ADDRESS, CITY, STATE, ZIP CODE **8361 N E 3RD AVENUE** **MIAMI, FL 33138**	

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

Findings included:

Arrived to the facility on - - at 9:35 AM found Employee D (live in staff member) alone in the facility with five residents. The facility tour revealed, the facility had a census of six residents. Observations f ' the facility was in disarray on - - at 9:35 AM, there were stacks of paper piled up in the , the refrigerator door was left open and the food was defrosting, and there was a lot of unused furniture on the back patio.

Personnel record review revealed, Employee D did not have First Aid and ( ) training. Further record review found Employee D did not have an eligible level II background screening, medication training, and a freedom from communicable statement.

Interview with Employee D on - - at 9:00 AM revealed the staff member had been working in the facility since 2016.

Record review revealed, the facility did not have an employee staffing schedule for the week to show the facility had the required 212 hours per week to care for a census of six residents.

Record review found the Administrator did not have proof that she successfully completed the CORE exam at the facility during the survey. Record review revealed Employees A, B, and D did not have completed employment applications with references. Record review found Employees A and B did not have eligible level 2 background screening results on-file. Record review revealed Employee A ' s last annual examination was dated and Employee B ' s last exam was dated . Record review found Employee B did not have medication or nutrition training. Employee B ' s First Aid and training expired in 2016. Record review found the facility failed to provide the required documents to show that staff received the updated training and documents to care for the residents.

Phone interview with the Administrator on - at 12:47 PM, the Administrator stated that she did passed the CORE exam and had the card but did not have a copy of it in the file at the time of the survey on . When the Administrator was asked about the lack of staff and resident records, she laughed. She confirmed, the facility did not have the records at the time of survey.

Record review found Resident #1's health assessment dated stated no active medical problems under medical history and diagnoses. The facility failed to have the doctor list the diagnoses related to the medications that Resident #1 was taking.

Record review found Resident #3 did not have a completed health assessment with medical history or

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diagnoses or allergies listed. The resident also did not have a completed resident record at the facility for review.

Record review revealed Residents #4 did not have a completed record at the facility. Resident #4 ' s health assessment dated did not have the medical history or allergies listed. Record review also found the facility did not have a completed demographic sheet for the resident, a signed contract, or weights recorded.

Record review found Resident #6 did not have a resident record including a completed health assessment during the survey, weights, a signed contract, or admission forms.

Interview with the Administrator/Owner on at 2:00 PM, she stated that she did not have the residents ' health assessments completed because she just forgot to have them done at that time. The Administrator stated that Resident #6 was admitted to the facility four weeks ago.

Interview with the Administrator on at 3:00 PM, the Administrator stated that she did not have time to complete the residents ' records at the time of admission and did not feel the urgency to complete them at the time of admission.

Record review revealed Resident #5 has been self-administering his . Record review found Resident #5 had Flexpen ordered 10 units under the skin three times daily per the medication label. Record review found Resident #5 ' s health assessment (dated) did not specify if the resident was able to take his medications alone or with assistance. Record review found Resident #5 ' s health assessment was not completed, there were multiple entries that were left blank. The facility failed to have a doctor ' s order or any documentation to show Resident #5 was capable of self-administering the . Record review found the ' sugar levels or the times of administration was not documented by Resident #5. The resident also did not have a complete resident record at the facility for review.

Interview with the Administrator /Owner on at 3:00 PM, she stated Resident #5 has been self-medicating himself before being admitted to the facility, but she did not have any prescriptions to show how long he has been doing this for himself.

Class II

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe and clean environment.

AGENCY FOR HEALTH CARE ADMINISTRATION

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Findings included:

Observation during tour of the facility on - - at 9:35 AM, The facility front steps area observed a railing made out of a metal pipe, at the end of the railing observed that there was not any other piping attached to the railing. Inside the facility in # , observed a section of ceiling tile separated ceiling (hanging down) over the window.

Observations with Employee D found the back porch area with one of the two freezer doors open with some foods from the freezer on the floor of the back porch. Immediately, Employee D picked up the food from the floor and placed them back into the freezer. The food appeared to begin to defrost from being on the floor on the back porch.

Further observations on - - found the back porch had a lot of debris and boxes, old chairs, and water hoses. The back stairs of the rear area had a broken second step. The step face board was hanging off. The backyard area was full of unused materials. On the side of the facility observed a car that was no-longer operating.

Interviewed the Administrator on - - at 3:00 PM, she acknowledged the findings regarding the freezer. She also confirmed that in # 's ceiling tiles needed to be fixed.

Class III

0160 Records - Facility

Based on record review and interview the facility failed to have an updated admission and discharge log.

Findings included:

Record review revealed that the facility admission and discharge log was not up to date. The log had Residents #1 and #2 listed, the other four residents (3-6) were not found on the log.

Interviewed the Administrator on - - at 3:00 PM, she confirmed the findings in regards to not having an updated admission and discharge log.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have proof of level 2 background screenings on-file for one out of three (A/B) sampled employees.

Findings included:

Record review found Employees A and B did not have eligible level 2 background screening results on-file.

Phone interview with the Administrator on [redacted] at 12:47 PM. When the Administrator was asked about the lack of staff and resident records, she laughed. She confirmed, the facility did not have the records at the time of survey.

Unclassified

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to have employees (A/B) registered with the background screening's clearinghouse on the employee roster.

Findings included:

Record review revealed Employees A/B were not listed on the facility's employee roster in the clearinghouse.

Interviewed the Administrator/Owner on [redacted] at 11:00 AM, she stated that all of the employees names should have been placed on the roster but she did not have the time to complete it and to have everyone's paper work in order at the time for the survey.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to ensure that one out four sampled employees (D) had an eligible level II background screening.

Findings included:

AGENCY FOR HEALTH CARE ADMINISTRATION

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Toured the facility on - - at 10:30 AM with Staff D, who was caring for a census of six residents.

On - - at 9:00 AM Staff D stated "I have been working working since 2016."

Record review revealed Employee D did not have an eligible level II background screening documentation at the facility.

Unclassified