STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966387	**09/15/2016**
NAME OF PROVIDER OR SUPPLIER **MARCIA ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5143 SW 157 COURT 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 . Marcia Adult Care with Limited Mental Health components (license # 10575) had the following deficiencies found at time of survey:

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed to have an accurate health assessments for three out of six (#2, #3, and # 4) sampled residents that reflected significant changes in their condition.
Findings included:
Observation on at 10:30 AM during facility tour found the facility had three hospice residents that needed total care with ADLs.
During an interview on at 12:35 PM, Staff C (caregiver) stated. "I did assist hospice residents with medications daily in the morning. I crush pills one by one. I mixed powder with yogurt and I did put the medication with the spoon on in the residents' mouths. She stated, "I ' m not a nurse" but she does initial the medication observation records.
Record review showed Resident #2's health assessment (AHCA form 1823) dated documented that the resident needed assistance's with self-administration of medication. Resident #3's health assessment dated showed the resident needed assistance with self-administration of medications. Resident #4's health assessment showed the resident needed assistance with self-administration of medications.
Record review on showed Resident #2 a physician order to crush all medications with a diagnosis , , , dated . Resident #3 also had a physician order dated to crush all medications. Resident #4 had a physician order dated to crush medications.
Observation on at 12:42 PM, Staff C (caregiver) was feeding puree diet to Resident #3 . Staff C stated the resident cannot hold the spoon with her own hands.
Also observed on / / at 12:50 PM Staff B (caregiver) was feeding puree diet to Resident #2.
During an interview on at 1:55 PM, the facility's Administrator stated we crushed the medications for hospice Residents #2, #3 and #4. She stated we mixed the powder with juice and we feed resident with the spoon. She stated, "I did not have nurse staff at the facility."
Class III

0053 Medication - Administration

Based on record review and interview, the facility failed to ensure that only licensed personnel administered crush medications to three out of six (#2, #3 and #4) sampled residents.
Findings included:

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Record review on showed Resident #2 a physician order to crush all medications with a diagnosis dated . Resident #3 also had a physician order dated to crush all medications. Resident #4 had a physician order dated to crush medications.
During an interview on at 12:35 PM, Staff C (caregiver) stated. "I did assist hospice residents with medications daily in the morning. I crush pills one by one. I mixed powder with yogurt and I did put the medication with the spoon on in the residents' mouths. She stated, "I ' m not a nurse" but she does initial the medication observation records.
Observation on at 12:42 PM, Staff C (caregiver) was feeding puree diet to Resident #3 . Staff C stated the resident cannot hold the spoon with her own hands.
Also observed on / / at 12:50 PM Staff B (caregiver) was feeding puree diet to Resident #2.
During an interview on / at 1:55 PM, the facility's Administrator stated we crushed the medications for hospice Residents #2, #3 and #4. She stated we mixed the powder with juice and we feed resident with the spoon. She stated, "I did not have nurse staff at the facility."
Class III

0055 Medication - Storage and Disposal

Based on observations and interview, the facility failed to ensure stored medications were locked up when the resident was absent from the .
Findings included:
Observation during tour of the facility on at 10:30 AM showed that # 's door was open. Resident #1's an unlocked mini refrigerator, on top of it observed red box for needles disposal, at the inside of the mini refrigerator found over the counter medication (OTC) medication , 5 symptom relief, adult suppositories, and . Also found prescribed medication for Resident #1, solution 0.005 % and Brimonidine solution 0.2%
During an interview on / at 2:30 PM, the facility's Administrator acknowledged deficiencies found during survey. She acknowledged that medication needed to be lock all the time at the facility.
Class III

0057 Medication - Over The Counter (OTC) Products

Based on observations and interview, the facility failed to ensure that over the counter (OTC) medications were labeled with the resident's name.
Findings included:
Observation during tour of the facility on at 10:30 AM showed that # , Resident #1 an unlocked mini refrigerator. Inside of the mini refrigerator found OTC medication , 5 symptom relief, adult suppositories, and .

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During an interview on at 2:30 PM at the exit conference, the facility's Administrator acknowledged that medication needed to lock all the time at the facility and OTC medications needed to have residents name. The Administrator was unable to identified the resident's name on the OTC medications found.
Class III

0090 Training -

Based on record review and interview, the facility failed to provide documentation that one out of four sampled staff has ( ) training (Staff C).

Findings included:

Record review of the facility's employee file on found Staff C, did not have the documentation of the training available for review.

On at 1:19 PM the Administrator stated, "She was recently hired and I thought she had completed the training, but she does not have it."

Class III

0125 Fiscal - Suretv Bonds

Based on record review and interview, the facility failed to provide documentation of a surety bond for one out of five sampled residents for whom the facility is acting as payee (Resident #5).

Findings included:

On at 12:07 PM Resident #5 stated, "I do not handle my money, the Administrator does, because I do not have any family. The ALF receives my money, and they handle my finances. No, I do not receive financial statements."

On at 1:18 PM the Administrator stated Resident #5's family lives in Germany. The resident's social security check is deposited in the facility's corporation bank account, the facility is the payee. The Administrator acknowledged she did not have surety bond for Resident #5.

Class III

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0161 Records - Staff

Based on interview and record review, the facility failed to have completed employment applications with references in the personnel files for three out of four sampled staff (Staff B, C, and D).

Findings included:

During record review of the facility's personnel records, the facility did not have completed employment applications with references for Staff B, C, and D.

On at 1:19 PM, the Administrator stated she had not completed the staff applications because Staff B, C, and D had been recently hired.

Class III

0189 ADCCs in ALF

Based on observations and interview, the facility failed to provide social and recreational services to day care participants.
Findings included:
Observations on from 10:30 AM to 2:30 PM during facility survey showed that day care Participant #7 was sitting on a sofa watching television. The facility staff did not offer social or recreational activities to her.
During an interview on at 2:30 PM, the facility's Administrator acknowledged the deficiencies. The facility administrator stated that day care participant did not want to do activities.
Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure that one out of four (Staff B) sampled staff received the limited mental health (LMH) training within 6 months of employment.

Findings included:

On at 12:10 PM Staff B stated, "I'm working here since .

Record review found Staff B did not have LMH training within 6 months of employment.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Marcia Adult Care
5143 Sw 157 Court
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

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