STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	10/12/2016
NAME OF PROVIDER OR SUPPLIER **MIDWAY RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **93 SW 79 COURT** **MIAMI, FL 33144**	

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

0000 Initial Comments

A Standard Biennial survey was conducted at Midway Retirement Residence on [redacted]. The following deficiencies were identified at the time of the visit: (Lic# 6647)

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to have an updated health assessment for one out of ten sampled resident (#9) who was admitted to hospice and had a change in condition.

Findings included:

Resident #9 was observed on [redacted] in bed, and has not taken out of the bed during the survey. Resident was observed in bed and cannot use her hands to eat or take medications when it's time to take them. Employees had been assisting the resident with eating and assisting with the medications since being place in hospice care.

Record review revealed Resident #9's last health assessment stated that the activities of daily living levels for Ambulation/Bathing/Dressing/Transfer were assistance and Eating/G /Toilet were supervision. The assessment also stated that resident needed assistance with self-administration of medications. Record review found the facility did not have an updated health assessment for Resident #9.

Interviewed the Administrator on [redacted] at 3:30 PM, she stated that facility staff has been assisting Resident #9 with her medications since being placed in hospice care and did not realized that the hospice services was responsible to carry out the medications to this resident since she could no longer use her hands to feed or take the medications. The Plan of care for this resident shall be updated as well as the Health Assessment (1823) as soon as possible.

Class III

0053 Medication - Administration

Based on observation, record review, and interview the facility failed to have licensed staff member in the facility to administer medications to one out of ten sampled residents (#9).

Findings included:

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

Resident #9 was observed on in bed, and has not taken out of the bed during the survey. Resident was observed in bed and cannot use her hands to eat or take medications when it's time to take them. Employees had been assisting the resident with eating and assisting with the medications since being place in hospice care.

Record review revealed Resident #9's last health assessment stated that resident needed assistance with self-administration of medications. Record review found the facility did not have an updated health assessment for Resident #9.

Interviewed the Administrator on - at 3:30 PM, she stated that facility staff has been assisting Resident #9 with her medications since being placed in hospice care and did not realized that the hospice services was responsible to carry out the medications to this resident since she could no longer use her hands to feed or take the medications. The Plan of care for this resident shall be updated as well as the Health Assessment (1823) as soon as possible.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have one out of four sampled employees' (B) evidence of a negative ( ) examination documented on an annual basis.

Findings included:

Record review revealed that Employee B (caretaker) hired on - last exam was dated . The facility failed to have Employees B's evidence of a negative examination documented on an annual basis.

Interviewed the Administrator on - at 3:30 PM, she stated that the employee will have an appointment scheduled to have her tested for as soon as possible.

Class III

0162 Records - Resident

Based on record review and interview facility failed to have one out of ten sampled residents, (#9) updated Plan of Care in the facility.

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

Findings included:

Record review revealed Resident #9 was placed on hospice on [redacted]. The facility did not have the updated care plan and other documentation from hospice.

Interviewed the Administrator on [redacted] at 3:30 PM, she stated that she did not realized that the care plan had not been updated. The hospice service shall be notified immediately in regards to update the resident's care plan.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Midway Retirement Residence
93 Sw 79 Court
Miami, FL 33144

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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