STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	R 11/10/2016

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 revisit survey was conducted on 10/25/2016 at Petshirl Group Home, Licence #11895, had the following deficiencies found at the time of the survey:

0026 Resident Care - Social & Leisure Activities

Based on record review and interview, the facility failed to provide social, recreational or educational, and other activities for all residents.

Finding included:

Record review of the facility's bulletin board revealed activity calendar posted had Basic Computer Lesson scheduled from 5-7 PM.

On at 11:32 AM, Resident #1 said " Occasionally, there are games that are available but there is not a set time for activities. "

On at 11:33 AM, Resident #5 said " We do not do any activities here. "

On at 12:06 PM Resident #3 said " We never have activities offered here. "

Uncorrected Class III

0054 Medication - Records

Based on record review and interview, the facility failed to maintain an up to date medication observation record (MOR) for one out of five sampled residents who receives assistance with self-administration of medications (Resident #3).

Findings included:

On at 12:00 PM Requested Staff B to observe medication pass for Resident #3 at 12:00 PM, staff said she already had gave resident his medication.
A review of Resident #3's medication record sheet for 12:00 PM medication 10 MG, 1 tab 3 x a day, 0.3 MG 1 tab 3 x a day. 75 MG 2 x a day, and 25 MG 1 tab 3 x a day were not signed for 12:00 PM.
Interview on at 12:23 PM Resident #3 stated "yes, I received my medication when I was

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having lunch."
Interview on 10/25/2016 at 12:30 PM Staff B stated, "I did not signed the book because I didn't see it, you guys had it and I was going to wait for you to finish with the book."

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure medications were kept locked at all the times.

Findings included:

On at 1:03 PM observed in refrigerator were five bottles of Lantus 10 ML medication for Resident #3 that were not in a locked container.

On at 1:06 PM Staff B stated, "that belongs to Resident #3, he manages his own , we do not keep it locked, and we have it there so he can have it available all the time."

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to have the Administrator's CORE exam documentation.
Findings included:
Record review revealed the Administrator, hired on , did not have proof of successful completion of the CORE exam.
Interviewed Administrator's husband on at 3:00 PM, he was advised that the Administrator needed to have the Core card in her file at all times and the card was not found in the file at the time of the survey. He stated that he thought that the card was in the file, but will advise the Administrator of the finding.
Uncorrected Class III

0093 Food Service - Dietary Standards

Based on observations and record review, the facility failed to follow the menu, and substitute meals with comparable nutritional value. The substitutions were not noted before or when the meal was served.

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

Findings included:

On 10/25/2016 at 11:43 AM observed lunch served to residents. The lunch included pasta with sauce, lettuce and tomato salad with chocolate pudding.

Reviewed posted Menu for Tuesday/2016. Menu included soup of the day, egg salad (3 oz), pasta salad (1/2 cup), crackers (6), tomato salad ½ (cup), pineapple (1/2 cup). The substitutions were not posted to the menu before or during meal being served.

Class III

0181 Emergency Plan Approval

Based on record review and interview, the facility failed to have documentation of the emergency management plan submitted it to the county emergency agency for review and approval.

Findings included:

Record review of the facility's posted board did not have the letter of the approved emergency management plan.

On at 2:30 PM interview with Staff A revealed the facility did not have the Emergency Plan approval letter.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967871 Y1	A. Building B. Wing Y2	Y3

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

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 A0032	Correction	ID Prefix A0152	Correction	ID Prefix A0160	Correction
Reg. # 58A-5.0182(8) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 58A-5.024(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ813	Correction	ID Prefix AZ814	Correction	ID Prefix AZ815	Correction
Reg. # 59A-35.090(3)(c), FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
9/16/2016	

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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** _____.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com