RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
M & M Comprehensive
280 West 56 Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of a monitoring state 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 , 2017.** 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	11/16/2016
NAME OF PROVIDER OR SUPPLIER **M & M COMPREHENSIVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 WEST 56 STREET** **HIALEAH, FL 33012**	

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

0000 Initial Comments

A Monitoring survey was conducted on 11/16/16. M & M Comprehensive, license number 8987, had deficiencies found at the time of the survey.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to have an accurate health assessment (AHCA form 1823) that reflect resident change in condition for one out of five (Resident #2) sampled residents.
Findings include:
Observation on / / at 10:00 AM showed that Resident #2 was in her in bed.
A review of Resident #2's record showed that the resident was admitted on / and has a diagnosis of , functional decline, , , , , rhabdomyolysis. The health assessment done on / documented that she required assistance with the activities of daily living and medications. The resident was admitted to hospice on .
Medication Administration Record for Resident #2 showed that the record had been signed by Staff C, who verified that she had signed the record after administering the medications.

Interview conducted on / / at 12:10 PM, Staff C stated that she administers medication to Resident #2 because she is on hospice and she is unable to self-administer her medication.

Interview conducted on / / at 12:18 PM, Staff B, stated " Staff C and I administer Resident #2 medications. We are not a Registered nurses. The physician will do a new health assessment for the resident."

Class III

0053 Medication - Administration

Based on record review and staff interview, the facility failed to ensure that a staff member licensed to administer medications was available to administer medications in accordance with a health care provider's order for 1 out of 6 residents (Residents #2).

Findings:

Interview conducted on / / at 12:10 PM, Staff C stated that she administers medication to Residents #2 because she is on hospice and she is unable to self-administer her medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	11/16/2016
NAME OF PROVIDER OR SUPPLIER **M & M COMPREHENSIVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 WEST 56 STREET** **HIALEAH, FL 33012**	

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

Medication Administration Records were reviewed for Resident #2. The record had been signed by Staff C, who verified that she had signed the record after administering the medications.

Interview conducted on / / at 12:18 PM, Staff B, stated " Staff C and I administer Resident #2 medications. We are not a Registered nurses."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe environment for five of five sampled residents (Residents # 1-5) .

Findings include:

Observation during the facility tour conducted on / / at 10:00 AM showed that the dining was cracked. There were brown marks on the walls of the hall and on resident's of # , #2 and #3. The roof in the patio area had areas of rotten wood.

Interview conducted on / / at 12:18 PM, Staff B, stated "We are repairing the facility roof. We are going to paint the facility."

Class III