RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Miami Genesis Elderly Care
3460 Sw 137 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Biennial licensure survey that was conducted on 28, 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 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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Miami, FL
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965619	**12/28/2016**
NAME OF PROVIDER OR SUPPLIER **MIAMI GENESIS ELDERLY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3460 SW 137 AVENUE MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 28, 2016. Miami Genesis Elderly Care license #9980 with Limited Mental Health component had the following deficiencies at time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and record review, the provider failed to ensure that licensed personnel administer medications to 1 out of 4 residents (#3) sampled residents.

Finding include:

Medication pass observations on / at 1:53 PM found staff C retrieved the medications (, Caribdopa-Levodpa, and) from the lock cabinet, retrieved pudding, and crushed the medication, and then put the crushed medication onto the chocolate pudding and fed the pudding to the resident.

A review of resident #3's medication observation records (MORs) revealed , , , Caribdopa-Levodpa, and were listed.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review, observation, and interview, the provider failed to ensure that prescription drugs for 1 out of 4 residents (#3) was properly labeled; the provider failed to ensure that prescriptions were filled or refilled in a timely manner for 1 out of 4 residents (#3).

Findings include:

A review of resident #3's medication observation record (MOR) revealed resident #3 had received in the AM the prescription Nystantin and Silver 1% cream and scheduled to receive both medications at 8 PM.

On at 1:15 PM observed the medication Nystantin. The medication Nystantin was not in its original package and it did not have a label on it.

On at 1:15 PM, requested to review the medication Silver 1% cream.

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

On 12-28-2016 at 1:16 PM, the administrator stated that they did not have it, that staff C had used what was left this morning (12-28-2016). The administrator acknowledged that resident #3 is scheduled to receive the medication Silver 1% cream at 8 PM on . The administrator acknowledged that they had not refilled the medication in a timely manner.

Class III