STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	R 01/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDLAND ALF INC	**20555 SW 187 AVE** **MIAMI, FL 33187**

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

0000 - Initial Comments

Complaint (CCR #2016004597 and 2016006946) second revisit surveys was conducted on , 31st, 2017. Redland Alf Inc with Limited Nursing Services and Limited Mental Health components and license number 12377 had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to ensure that licensed personnel administer medications to one out of five (#1) sampled residents.

Findings included:

An interview on at 8:26 AM the Caregiver F revealed that when Resident #1 was constipated she gave the , , , and she stated "I introduced it". Caregiver F confirmed that she was not a licensed staff.

Review of Resident #1's Medication Observation Records (MORs) revealed that there was a doctor order for , 10 mg supp- 1 , , at bedtime. Further review of Resident #1's MORs revealed that it was initialed as given by unlicensed staff.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that caregiver assisting with self-administration of medication updated the Medication Observation Records (MORs) immediately each time a medication is offered for one out of five (#1) sampled residents.
Findings included:
1. Review of Resident #1's MORs revealed that:
- Arthrts pain tab 650 mg- take one tablet every 8 hours 8 pm was not initialed on
- , 10 mg supp- 1 , , , at bedtime 8 pm was not initialed on
- sod 100 mg caps- take 1 capsule twice a day as needed for , 8 pm was not initialed on
- , Tab 2.5 mg- take 1 tablet two times a day- 8 pm was not initialed on
- , Acd Syp 250/5ml- take 5 ml at bedtime 8 pm was not initialed on
- Artifi tears sol 1.4% OP- apply one drop in both eyes four times a day for four months- 4 pm and 8 pm was not initialed on .
- Lubrifresh oin P.M.- apply in both eyes four times a day for four months- 4 pm and 8 pm was not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	R 01/31/2017
NAME OF PROVIDER OR SUPPLIER **REDLAND ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20555 SW 187 AVE** **MIAMI, FL 33187**	

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

initialed on .

An interview on at 8:26 PM the Caregiver E revealed that Caregiver E forgot to initial the MORs because of the change of the month.

Uncorrected Class III

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

Based on record review and interview, the Assisted Living Facility failed to clarify with the medication order for a period of time for one out of five (#1) sampled residents.

Review of Resident #1's MORs revealed that there was an order for Artifi tears sol 1.4% OP- apply one drop in both eyes four times a day for four months, started on and an order for Lubrifresh oin P.M.- apply in both eyes four times a day for four months, started on .

An interview on at 8:45 PM the Caregiver F confirmed that she assisted Resident #1 with eye drop and eye ointment.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule that reflects its 24-hour staffing pattern.

Findings include:

On at 7:10 PM, Arrived to facility, was greeted by Staff F.

A review of staff schedule revealed Staff F was scheduled to work from 7:00 am to 7:00 pm, there was no indication on the schedule of which staff was supposed to work for the 7:00 pm to 7:00 am shift.

On at 9:22 AM interview with Staff E confirmed that the staff schedule was not accurate because "the staff was changed around and the schedule was not completed correctly."

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	R **01/31/2017**
NAME OF PROVIDER OR SUPPLIER **REDLAND ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20555 SW 187 AVE** **MIAMI, FL 33187**	

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

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to maintain a completed employee file that included an employment application for one out of four sampled staff (Staff H).

Findings include:

A review of Staff H's employee file revealed, Staff H did not have an employment application on file.

On at 8:40 PM Staff E stated "I know I have her employment application, is just that right now I can't find it."

Uncorrected Class III