STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966851	**02/09/2017**
NAME OF PROVIDER OR SUPPLIER **PEACE & CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8121 NW 200 TERRACE** **MIAMI GARDENS, FL 33015**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review, and interview, the facility failed to provide documentation of a current level II background screening for 1 out of 4 sampled staff (B) that had a break in service of more than 90 days without obtaining a new background screening.

Findings included:

Observation on at 9:10 a.m. found Staff B at the facility assisting five residents with activities of daily living.

A review of the personnel records showed Staff B's last background screening was dated . The facility did not have documentation of employment verification.

During an interview on at 10:19 a.m. the Administrator stated that employee worked with her before, left to Arizona and returned. Administrator acknowledged that Staff B had a break in services for more than 90 days.

Unclassified

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0000 - Initial Comments

A Standard Biennial Survey was conducted on . Peace & Care ALF with limited mental health component, lic # 10986 had the following deficiencies found at time of the survey:

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observation and interview, the facility failed to ensure that 1 out of 5 sampled residents' (Resident #5) pill organizer was managed by a nurse.

Findings included:

Observation on at 12:00 PM, staff assisted Resident #5 with medications that were kept in pill organizer.

Record review found Resident #5's health assessment (dated) documented the resident was able to self administer medications.

During an interview on at 1:42 p.m. the Administrator revealed that pill organizer was locked in the facility's central storage and was filled by Resident #5's family member (sister). She stated that she did not have a nurse to manage Resident #5 pill organized.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Arrived to the facility on at 9:10 A.M., observe Staff B (caregiver) alone in the facility caring for a census of five residents.

Record review found the staffing pattern for the facility documented that two staff members were scheduled to work, Staff B from 7:00 A.M. to 7:00 P.M. and Staff C from 9:00 A.M. to 6:00 PM on Thursday .

During an interview on at 9:45 A.M. the Administrator stated that the other staff (A) was not at

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

the facility and she was scheduled to work.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure 1 out 5 sampled residents (#1) had a power of attorney (POA), surrogate or guardianship documentation.

Findings included:

Resident #1's record showed a family member signed her documents without a POA, surrogate, or legal guardianship. The facility did not have the documentation authorizing another person to sign Resident #1's forms.

During an interview on at 11:12 a.m. the Administrator reviewed Resident #1's record looking for the POA. She stated, "I did not have the POA."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have an annual community living support plan for 1 out of 5 sampled (Resident #3) limited mental health residents.

Finding included:

Record review showed Resident #3's health assessment dated did had diagnosis of . Resident #3's record also showed the resident received monthly , ( ). Resident #3's last community living support plan was dated .

During an interview on at 1220 p.m., the Administrator acknowledged the facility failed to have a community living support completed on annual basis for Resident #3.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to have documentation of the Limited Mental

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

Health training for 1 out of 4 (Staff B) sampled staff.

Findings as follow:

The facility had no documentation of the Limited Mental Health training (6 hours) for Staff C with 6 months of employment. Staff C was hired on .

During an interview at 1:37 p.m. the Administrator stated Staff C had not received the Limited Mental Health training.

Class III