STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965682	03/07/2017
NAME OF PROVIDER OR SUPPLIER **ROYAL GREEN ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2011 SW 4 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey conducted on , 2017. Royal Green ALF Inc with Limited Mental Health components had the following deficiencies identified at time of the survey:

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

Based on observation, record review, and interview the facility failed to initial the Medication Observation Record (MOR) for 1 of 14 (Resident #5) sampled residents after the medication was given to the resident.

Findings included:

Observation on at 9:30 am revealed Resident #5's medication (, 500 mg) pill for at 7:00 am was not in his medication card.

Record review revealed that Staff C did not sign/initial the MOR for Resident #5's 7:00 am medication.

Interview on at 2:00 pm Staff A revealed that Staff C forgot to sign the MOR.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview the facility failed to have evidence of a negative examination documented on an annual basis for 1 of 5 (Staff B) sampled staff .

Findings:

Observation on at 9:30 am revealed Staff B (hired on) was in the facility with a census of 14 residents.

The facility's schedule showed Staff B working the entire month of . Further record review showed Staff B's freedom from communicable statement was dated on however, it does not reflect status.

Interview on at 12:45 pm Staff B stated, "I knew that the document does not reflect information regarding . The doctor did not have the format of the document that provides information of the . I will ask the doctor for a new document that shows Staff B had the test negative."

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Class III