| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965710** | **03/14/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**YILLIAM HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13888 SW 18 TERRACE**<br>**MIAMI, FL 33175** | |

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

**0000 - Initial Comments**

A Complaint Survey (CCR #2017000449) was conducted on . Yilliam Home, license # 10074, had a deficiency identified at time of the survey.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observation, record review, and interview the facility failed to obtain a written physician's order for the use of half bed rails for three out of six (Resident # 1, #2, and #5) sampled residents.

Findings included:

Observation on at 5:45 AM showed Residents #1, #2, and #5 had half bed rails attached to their beds.

Review Residents #1, #2, and #5's records found they did not have any written physician's order for the use of half bed rails.

Interview conducted at 7:45 AM, the administrator stated, "I do not have the physician's order for the half bed rail in their records."

Class III