STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **LEMAR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 NW 183RD STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2017 and concluded on , 2017. Lemar Home Inc with limited mental health and limited nursing services components and license number 4910 had the following deficiencies identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have the a completed health assessment for one (#6) out of six sampled residents.

Findings included:

Review of Resident #6's record revealed that admission date was on and the health assessment (AHCA form 1823) was completed on . First page of health assessment did not have the Resident #6's name and it showed that Resident #6 had a .

An interview on at 10:45 AM the Administrator revealed the health assessment was wrong and Resident #6 needed a new one.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the Assisted Living Facility failed to maintain an updated written record for one (#6) out of six sampled residents.

Findings included:

Review of Resident #6's record revealed the admission date was on and facility just completed progress notes that reflected resident's condition on , and . The facility failed to maintain written records for Resident #6.

An interview on at 10:45 AM when the Administrator was informed about the lack of progress notes for Resident #6, she stated "Ok."

Class III

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0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the Assisted Living Facility failed to document the facility's resident elopement drills twice a year. The facility also failed to have a photo identification of at risk residents for one (Resident #1) out of six sampled residents

Findings included:

1. Review of elopement drills' record revealed that last time facility completed it was on and

An interview on at 8:07 AM the Assistant Administrator stated, "I have to check with the Administrator."

An interview on at 8:51 AM the Administrator stated, "Let me check in another book." Further interview at 8:56 AM the Administrator stated, "I saw them somewhere but I don't find them now."

2. Review of Resident #1's records revealed health assessment (AHCA 1823 form) completed on identified Resident #1 as elopement risk. There was no photo ID in record for Resident #1 at the time of the survey.

An interview on at 12:21 PM the Assistant Administrator revealed that facility just had one record for Resident #1 plus the med sheet. There was no printed ID for Resident #1. Resident #1 had a private aide to stay over night with him.

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that staff updated the Medication Observation Record (MORs) immediately each time the medication is offered or administered for two (Residents #6 and #5) out of six sampled residents.

Findings included:

Review of Resident #6's MORs on at 7:56 AM revealed that Pantropazole Dod DR 40 mg scheduled at 6 AM and , ER 60 mg tablet scheduled at 8 AM were not initialed.

Reconciliation for Resident #6's medicines revealed that Pantropazole Dod DR 40 mg and , ER

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60 mg tablet missing for from card.

An interview on at 7:58 AM the Caregiver C stated "Administrator gave him his medicines."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure caregivers had evidence of a negative examination documented on an annual basis for three (Caregivers C, D, and E) out of five sampled staff members.

Findings included:

Review of Caregiver C's personnel record revealed that last statement of free of communicable including was on . Review of Caregiver D's personnel record revealed that last statement of free of communicable including was on . Review of Caregiver E's personnel record revealed that last statement of free of communicable including was on .

Record review found the facility failed to have the update documentation for caregivers.

An interview on at 1:44 PM the Assistant Administrator revealed that caregivers will go to the doctor and obtain new forms.

Class III

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

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 7:02 AM revealed Caregivers C and D were taking care of six residents and Resident #1's private aide was taking care of Resident #1.

Review of 2017's staff schedule revealed that on Wednesdays (was a Wednesday) Caregiver D was off, Caregiver C was from 7 AM to 7 PM, Caregiver E was from 7 PM to 7 AM on

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Tuesdays and Wednesdays, Administrator was off and Manager was off.

An interview on at 7:05 AM the Caregiver C stated, "Caregiver E is off."

An interview on at 12:11 PM the Assistant Administrator revealed that Caregiver E did not work in the facility.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, the Assisted Living Facility's Administrator failed to complete the 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Review's Administrator file revealed that Administrator completed the 12 hours of continuing education in topics related to assisted living on and 6th, 2015.

An interview on at 1:40 PM the Assistant Administrator revealed that Administrator had it but Assistant Administrator was unable to find it.

Class III

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview, the Assisted Living Facility failed to have accurate financial records for two (Residents #3 and #5) sampled residents.

Findings included:

Record review revealed Resident #3 received monthly allowances. Resident #5's funds log showed he received his allowance on , the facility did not have any records for .

Record review revealed Resident #5 received monthly allowances. Resident #5's funds log showed he received his allowance on , the facility did not have any records for .

On at 10:50 AM the Administrator and the Assistant Administrator acknowledged the last entry for both residents were in .

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Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the Assisted Living Facility failed to have an up-to-date admission and discharge log listing the names of all residents and each resident's date of admission, the facility or place from which the resident was admitted, and date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged.

Findings included:

Review of facility's record revealed that facility did not have and admission and discharge log that listed the names of all residents and each resident's date of admission, the facility or place from which the resident was admitted, and date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged.

An interview on at 12:09 PM the Assistant Administrator revealed that Administrator cleaned in the facility and took out the admission and discharge log.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that resident records included resident demographic data as , race, place of birth, social security number; Medicaid and/or Medicare number, or name of other health insurance ; name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and name, address, and telephone number of the health care provider and case manager, for two (Residents #1 and #6) out of six sampled residents. Facility failed to have proof of guardianship documentation for two (Residents #3 and #6) out of six sampled residents.

Findings included:

1. Review of Resident #1's records revealed that it did not have a completed demographic sheet. Resident #1's demographic sheep included resident's name, admission date, and date of birth.

Review of Resident #6's records revealed that it did not have a completed demographic sheet. Resident #1's demographic sheep included resident's name, admission date, and date of birth.

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An interview on at 12:21 PM the Assistant Administrator revealed that facility just had one record for Resident #1 plus the med sheet and that was the only demographic sheet for Resident #1.

Record review found the facility also did not have proof of guardianship for Residents #3 and #6. The facility provided copies of documents that were not proof of guardianship.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the Assisted Living Facility failed to have resident's contracts that matched the written monthly rate with the actual monthly rate charged for three (Residents #2, #3 and #4).

Findings included:

Review of facility's copy of payment for Resident #3 showed that monthly payment paid on was $696, Resident #2 showed that monthly payment paid on was $693, and Resident #4 showed that monthly payment paid on was $841. Review of Resident #4's record revealed that contract signed on and showed the amount of $2,200 monthly.

On at 10:21 AM during the exit interview the Administrator revealed that there was a mistake.

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based record review and interview, the Assisted Living Facility failed to attestation of compliance form in records for five (Administrator, Assistant Administrator, Caregiver B, Caregiver C and Caregiver D) out five sampled staff members.

Findings included:

Review of Administrator, Assistant Administrator, Caregivers B, C and D's personnel files revealed that none of them have affidavit of compliance with background screening requirements in record at the time of the survey.

An interview on at 10:10 AM the Assistant Administrator stated, "I did not know that we need to have affidavit of compliance in record, I completed one but I sent it the application package."

Unclassified.

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the Assisted Living Facility failed to maintain the employment status of all employees within the clearinghouse and any changes in status must be reported within 10 business days.

Findings included:

Review Background screening website for providers on . . . showed the employee roster did not have staff listed.

An interview on at 8:17 AM the Assistant Administrator stated, "I don't know what happen, everyone was in the clearinghouse."

Unclassified