| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966124 | R<br>03/31/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**MARIA ADULT CARE #2** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**400 SW 76 COURT**<br>**MIAMI, FL 33144** | |

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

**0000 - Initial Comments**

A Change of Ownership (CHOW) 2nd Revisit Survey was conducted 03/31/2017. Maria Adult Care #2 (License #10371) had the following deficiencies identified at time of the survey:

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on observation and interview, the facility failed to ensure that medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

Observation on at 10:50 AM showed that there was one paper bag and one plastic bag next to the refrigerator in the kitchen that had residents' medications for , 2017.

Inside the refrigerator, there were two paper boxes closed with staples for Residents #3 and #4.

Interview conducted on at 11:15 AM, Staff A, stated "I bought a locked box but hospice staff said that I did not need it because the medications were locked already."

Class III

Uncorrected deficiency.

**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 which reflects its accurate staffing pattern for a given time period.

Findings included:

Observation on at 10:45 AM, Caregiver B and D were taking care of six residents.

Review of facility's staffing calendar for 2017 showed Staff A is schedule from 7 AM to 7 PM, Staff B is schedule from 7 AM to 8 PM, and Staff E is schedule from 7 PM to 7 AM.

Observation on at 11:10 AM showed that Caregiver A arrived to facility.

Interview conducted on at 11:15 PM, Staff A stated "I am working today. I went to the store few

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

minutes ago."

Class III

Uncorrected deficiency.

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

Based on observation, record review, and interview, the 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:

Staff schedule review showed Staff A, B, and C were scheduled to work at the facility.

Clearinghouse review showed that the facility did not register any employees.

Interview conducted on at 11:15 AM, Staff A, confirmed the findings that the employee roster was not completed.

Unclassified

**Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06**

Based on observation, record review, and interview, the facility failed to ensure that caregivers providing care and services to residents had a level 2 background screening completed.

Findings included:

Observation on at 10:45 AM showed that Staff B and Staff D were in the facility taking care of six residents.

Review of Caregiver D's file revealed that there was no proof that Caregiver D has completed background screening level 2. It was checked in the website with Caregiver D's name and date of birth provided but it did not show up.

Interview conducted on at 11:10 AM, Staff B, stated "Staff D is my sister who is visiting me."

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SUMMARY STATEMENT OF DEFICIENCIES
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Unclassified