| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964119** | **03/27/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GABLES ESTATES INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1881 SW 37TH AVENUE**<br>**MIAMI, FL 33145** | |

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

**0000 - Initial Comments**

A standard biennial survey was conducted on , 2017. Gables Estates Inc with license number 8941 had the following deficiencies identified at the time of the survey:

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

Base on observation, record review and interview, the Assisted Living Facility's staff failed to read aloud the medicine label to one out of six sampled residents during assistance with self-administration of medications (Resident #3) .

Findings included:

Observation on at 12:52 PM revealed that Caregiver D assisted Resident #3 with self-administration of medication. Caregiver D checked medication bottle with Medication Observation Record (MORs). Caregiver D stated, "Resident #3 put your hand". Caregiver D put the tablet in Resident #3's hand. Resident #3 took medicine to his mouth; Caregiver C observed that Resident #3 swallowed the medicine, documented in the MOR. Caregiver D did not read aloud the medicines' names.

A review of Resident #3's MORs revealed that medicine scheduled at 1 PM was Carbodopa-Levo ER 20-200 tablet, take one tablet by mouth three times a day.

On at 12:56 PM when Caregiver D was asked why she did not read the medicine labels to Resident #2, Caregiver D stated, " I missed it because I had ."

Class III

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on record review and interview, the Assisted Living Facility (ALF) failed to have a manager who did not supervise more than a single facility.

Findings:

Review of the Facility Provider Locator database revealed that Administrator supervised two ALFs , and the Manager administered another facility.

During an interview on at 9:22 AM,the Administrator revealed that he did not know that the Manager administered another ALF.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that evidence of a negative examination were documented annually for the Manager.

Findings included:

Review of Manager's record revealed that last evidence of a negative examination was on .

An interview on at 11:30 AM via telephone the Manager revealed that she would have her new physical examination before , 11th.

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 8:40 AM revealed that Caregivers C and D were taking care of three residents and one day care participant.

A review of 2017's staff schedule revealed that on , the Administrator was scheduled Off, Caregiver C was scheduled from 7 AM to 4 PM , Caregiver D from 7 AM to 3 PM and Caregiver E from 12 PM to 8 PM.

In an interview on at 9:25 AM the Administrator stated, "Residents are never alone; I live here and worked every night shift."

Class III