| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967900** | **03/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13620 S W 119 STREET**<br>**MIAMI, FL 33186** | |

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

**0000 - Initial Comments**

A standard biennial survey was conducted on , 2017. Mgr Home #2 Inc. with limited mental health component and license number 11907 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 observation, interview and record review, the Assisted Living Facility failed to have an updated health assessments (AHCA form 1823) for one (Resident #2) out of six sampled residents with activities of daily living levels and diet orders.

Findings included:

Observation on at 12:22 PM revealed that Caregiver C put spoon with puree food in side Resident #2's mouth.

An interview on at 12:23 PM the Administrator stated, "Resident #2 returned from the hospital, I let her eat yesterday but she was weak and made a messed."

An interview on at 1:24 PM the Administrator revealed that Resident #2 did not have a puree diet. Resident #2 could eat regular.

Review of Resident #2's record revealed that health assessment (AHCA form 1823) completed on showed that needed supervision with eating and diet was no-added salt but it did not show puree diet.

Class III

**0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC**

Based on record review and interview, the Assisted Living Facility failed to encourage residents to participate in activities.

Findings included:

Record review found an activities calendar posted and the activity schedule showed on from 9:30 AM to 11:30 AM out for walk.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967900** | **03/28/2017** |
| NAME OF PROVIDER OR SUPPLIER **MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE **13620 S W 119 STREET MIAMI, FL 33186** | |

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

An interview on at 9:53 AM the Resident #1 revealed that facility did not provide any activities for the residents, just watch TV.

An interview on at 10:10 AM the Resident # 4 revealed that there were not activities in the facility for residents; they just watch TV all day.

An interview on at 10:26 AM the Resident #5 revealed that facility did not offer activities and Resident got bored in the facility.

Class III

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

Based on interview and observation, the Assisted Living Facility failed to respect resident' rights by making them go to bed when residents chose to do and not for the staff's convenience.

Findings included:

Interview on at 9:53 AM Resident #1 revealed that Caregivers sent them to take a nap from 1 PM to 4 PM and sent them to their 7 PM every evening.

An interview on at 10:10 AM the Resident #4 revealed that Residents had to get in bed from 1 PM to 4 PM every day because caregivers needed to take a break and had to be in their at 7 PM every evening.

An interview on at 10:17 AM the Resident #3 revealed that Resident had to be in bed from 1 PM to 4 PM because caregivers needed to rest. They need to be in bed until next morning since 7 PM every evening even if they didn't want to.

Observation on at 12:42 PM revealed that Caregiver C took Resident #2 into her .
Observation on at 12:53 PM revealed that Caregiver C took Resident #4 into her .
Observation on at 1:50 PM revealed Residents #1, #2, #3 and #4 rested on their bed. Residents #1, #3 and #4 were awake.

An interview on at 1:50 PM the Resident #1 revealed that Resident #1 did not want to be in bed but Caregiver C told her that she needed to remain in the .

An interview on at 1:51 PM the Resident #3 stated, "She sent me to bed."

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967900 | 03/28/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13620 S W 119 STREET**<br>**MIAMI, FL 33186** | |

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

An interview on at 1:51 PM the Resident #4 revealed that after the Resident used the , Caregiver sent her to the .

Class III

**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.

Findings included:

Review of elopement drills' record revealed that there was no elopement drills in record.

An interview on at 11:00 AM the Administrator stated, "I'm using a form that is not long but I don't find it. Let me look for it." An interview on at 11:04 AM the Administrator revealed that she was unable to find the forms.

Class III

**0053 - Medication - Administration - 58A-5.0185(4) FAC**

Based on observation, record review and interview, the Assisted Living Facility failed to have a licensed staff administering medications.

Findings included:

Observation on at 1:34 PM revealed that Caregiver B administered medications to Resident #2. Caregiver B put tablet in a disposable cup, put medicine inside Resident #2's mouth, gave some juice (mango, orange and tangerine).

Review of Resident #2's medicine revealed , 0.5 mg take one tablet three times a day; it was scheduled at 8 AM, 2 PM, and 8 PM.

An interview on at 1:44 PM the Administrator revealed that none of the caregivers were nurses and Resident #2 needed lot of help.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967900 | 03/28/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13620 S W 119 STREET**<br>**MIAMI, FL 33186** | |

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

**0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC**

Based on observation and interview, the Assisted Living Facility failed to label over the counter medicine with resident's name.

Findings included:

Observation on at 9:16 AM revealed that there was a box of - nighttime for severe and . It did not have a resident's name.

An interview on at 9:17 AM the Caregiver B revealed that Resident #4' family brought it.

Class III

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

Based on record review and interview, the Assisted Living Facility failed to appoint a Manager for each facility.

Findings included:

Review of the health finder website revealed the Administrator supervised two Assisted Living Facilities (ALFs).

Review of facility's record revealed that Administrator did appoint in writing a separate manager for each facility.

An interview on at 9:34 AM the Administrator revealed that Administrator supervised two ALFs and forgot to submit the change of administrator to the agency.

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:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967900 | 03/28/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13620 S W 119 STREET**<br>**MIAMI, FL 33186** | |

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

Observation on . . . . at 9:10 AM revealed Caregivers B and C took care of six residents in the facility. Observation on . . . . . at 9:18 AM revealed that Administrator arrived to facility.

Review of facility's record revealed the staff schedule for . . . 2017 showed on . . . . . Caregiver C was off, Caregiver B worked from 7 AM to 7 PM, and Administrator from 7 PM to 7 AM.

An interview on at 9:23 AM the Administrator revealed that Caregiver C was supposed to be off but Caregiver C changed her day off.

Observation on . . . . . at 9:25 AM the Administrator changed the scheduled in front of surveyor.

Class III

**0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC**

Based on observation and record review, the Assisted Living Facility failed to note substitutions before or when meal is served. Facility failed accommodate residents' preferences to the menu.

Findings included:

1. Observation on at 12:06 AM revealed that Caregiver B served lunch and it was white rice, red bean soup, beef stew with potato, tomato salad, dressing and gelatine.

Review of facility's menu on at 12:25 PM revealed that Caregiver B did not document the substitutions in the menu. Facility's menu had for : beans or soup (6 oz.), beef stew with potato (4 oz.), white rice (1/2 cup), tomato salad (1/2 cup), mix salad (1/2 cup), dressing (1 T), flan (1/2 cup).

2. An interview on . . . . . at 9:53 AM the Resident #1 revealed that Caregivers just gave soup at dinner and once in a while they gave a toast.

An interview on at 10:10 AM the Resident # 4 revealed that Caregivers just gave soup at dinner and once in a while they gave a toast. "They never gave real food in the evening and my stomach keeps making sounds all night long."

An interview on at 10:17 AM the Resident # 3 revealed that Caregivers just gave soup at dinner and once in a while they gave a toast .

Review of facility's menu for week of . . . . . to . . . . . revealed that soup or beans (4 oz.) were

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967900** | **03/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MGR HOME #2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13620 S W 119 STREET**<br>**MIAMI, FL 33186** | |

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

included in the menu every day. On . . . . . menu showed soup or beans, ham and cheese in a sandwich of two slices of bread, steamed vegetables, pear on syrup, milk or yogurt. On . . . . . menu showed soup or beans, chicken salad, 6 crackers, green peas and carrots, chocolate pudding, and milk or yogurt. On . . . . . menu showed soup or beans, turkey and cheese in a sandwich of two slices of bread, mixed vegetables, applesauce, and milk or yogurt. On menu showed soup or beans, three chicken croquettes, 6 crackers, steamed vegetables, pear on syrup, milk or yogurt. On . . . . . menu showed soup or beans, egg salad in a sandwich of two slices of bread, green beans, bread pudding, milk or yogurt. On . . . . . menu showed soup or beans, chicken pieces, half cup of Malanga puree, steamed vegetables, fresh fruit, milk or yogurt. On menu showed soup or beans, two stuff potatoes, steamed carrots, Cuban dessert, milk or yogurt.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview, the Assisted Living Facility failed to ensure that staff members completed a minimum of 6 hours of specialized training in working with individuals with mental health diagnosis within 6 months of employment for one (Caregiver B) out of three sampled staff members.

Findings included:

Review of Caregiver B's personnel record revealed that hire date was on . . . . . There was no Limited Mental Health (LMH) training in the record at the time of the survey.

An interview on at 11:18 AM the Administrator revealed that Caregiver B has been working in the facility since 2015. On further interview at 11:19 AM the Administrator revealed that she did not have it and if have it, it will be at the other ALF.

Class III