STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	04/04/2017
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that 3 of 6 (Staff C, D and E) sampled employees had completed applications with references.

Findings included:

On at 9:00 A.M., observed that Staff C and E were caring for 7 residents.

Record review found that Staff C and D, did not have completed employment applications with references in their personnel records. There was no personnel record for Staff E.

During an interview at 9:33 A.M, Staff E stated "I do not have a record here because I come here only to cover someone's day off. I do not have a social security number. I came here last night to cover a day off."

During an interview on at 10:49 A.M., the Administrator stated Staff E was covering another employee's day off. The Administrator further stated "We had to go and do her background screening, I do not have her personnel record. For Staff E and for Staff C, we had everything done but my consultant was sick and she did not bring all the paper needed."

Class III

0000 - Initial Comments

An Standard Biennial Survey was done on . Guardian Elder Care services, Inc (The) license # 10322 had the following deficiencies identified at the time of the visit:

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

Based on record review and interview, the facility failed to obtain an accurate health assessment (AHCA form 1823) that reflected a significant change in condition for 1 of 7 sampled residents (#6).

Findings included:

A review of Resident #6 's file revealed the health assessment completed on did not indicate a diet order or type of assistance the resident needed with her medication. The record further revealed that resident had a . A review of the hospice plan of care showed that Resident #2 was not receiving care.

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At 11:35 A.M., the Administrator stated that Resident #6 had the at that time but not anymore.

Class III

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

Based on observation, record review and interview, the facility failed to follow procedures outlined by the state while providing assistance with self-administration of medication for one out of 7 sampled residents (#2) .

Finding included:

Observation on at 12:01 P.M., showed that Staff C assisted Resident #2 with self-medication administration. Staff C punched medication from the card into a disposable cup, and she did not identify the medication by name to Resident #2.

A review of Staff C's record revealed that there was no documentation of the employee having completed 4 hours training on assistance with self-administered medication.

In an interview on at 12:05 P.M., the Administrator acknowledged that Staff C did not have the training.

Class III

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

Based on record review and interview, the manager failed to provide documentation that she had completed the High School Diploma or equivalent.

Findings included:

Record review revealed that Staff B had been the facility's Manager since .

On at 10:50 A.M., the Administrator acknowledged that there was no documentation of high school diploma or equivalent for the manager.

Class III

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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 that reflected its 24-hour staffing pattern for a given time period. The facility also failed to have qualified staff to meet the scheduled and unscheduled needs of seven of seven residents (Residents # 1-7) The facility had a census of seven residents, over licensed capacity of six.

Findings included:

On at 9:00 A.M., observed that Staff C and E were caring for 7 residents.

Record review of the staffing schedule posted in the kitchen bulletin board was for the month of week to names listed were Staffs A, C, E and F.

During an interview on at 10:19 A.M. Staff C stated "Staff F is not working here. We are working at this moment: myself, Staff D and Staff E and the administrator."

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review and interview, the facility failed to have at least one staff person trained in , ( ) and First Aid, present in the facility at all times.

Findings included:

On at 9:00 A.M., observed that Staffs C and E were caring for 7 residents. No other staff was present.

Record review showed that there was no documentation of the and First Aid training's for in staff C personnel record. There was no personnel record Staff E.

During an interview on at 10:49 A.M., the Administrator stated Staff E was covering for someone who had the day off. She stated "I do not have her personnel record and for Staff C, we had everything done but my consultant was sick and she did not bring all the paperwork needed."

Class III

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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that one of six sampled caregivers who assisted residents with self-administration of medication obtained a minimum of initial 4 hours of training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff C).

Findings included:

Observation on at 12:01 P.M. revealed that Staff C assisted Resident #2 with self-medication administration.

A review of Staff C's record revealed that there was no documentation that the employee had received 4 hours of training regarding assistance with self-administered medication.

In an interview on at 12:05 P.M., the Administrator acknowledged that Staff C's personal record did not have documentation of the training.

Class III

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

Based on observation and interview, the facility failed to have a menu updated and reviewed annually by a licensed dietician.

Findings included:

Observation on at 9:00 A.M. found that the facility's menu posted on the refrigerator in the kitchen was dated to .

During an interview on at 12:47 P.M., the Administrator acknowledged that menu expired in 2015. She stated "My consultant has it but the staff followed the expired one. I do not have the new one here."

Class III

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

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Based on record review and interview, the Assisted Living Facility failed to have an up-to-date admission and discharge log. The facility failed to provide documentation of the facility ' s updated liability insurance policy . The facility failed to have documented elopement response drills.

Findings included:

On at 9:00 A.M., observed that Staff C and E were caring for 7 residents. Staff C stated "we have 7 residents here."

A review of the admission and discharge log showed that Resident #7's name was not listed.

The facility ' s liability insurance policy was dated to . There was no documentation of an updated policy.

A review of the facility's records showed that there was only one elopement drill conducted, dated .

During an interview on at 1:06 P.M., the Administrator stated if you see only one drill this is what I had. She acknowledged that only one drill was conducted on 2016 up-to today.

During an interview on at 10:08 A.M. Staff C stated "we have 7 residents that receive housing and activities of daily living at this moment because Resident #7 was transferred from another assisted living facility (ALF) to here because they're fixing her . She is here temporarily." Staff C acknowledged that Resident #7 was not listed in the admission and discharge log. She acknowledged that admission and discharge log was not updated.

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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 on its roster in the Background Screening Clearinghouse database within 10 business days of any change.

Findings included:

A review of Staff D's personnel record revealed that her hire date was .

A review of the Background Screening Clearinghouse database revealed that facility's employee roster did not include Staff D.

In an interview on at 12:20 A.M., the Administrator acknowledged that Staff D was not listed on the facility's roster.

Unclassified

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

Based on observation, record review and interview, the facility failed to ensure that 1 of 6 employees had eligible Level II background screenings (Staff E).

Findings included:

On at 9:00 A.M., observed that Staff C and E were caring for 7 residents. Staff C was at the kitchen and Staff E was assisting Resident # 2 with activities of daily living (bathing).

During an interview at 9:33 A.M, Staff E stated "I do not have records here because I came here only to cover someone's day off. I do not have a social security number. I came here last night to cover a day off."

A review of the staffing schedule posted on the kitchen bulletin board for the week to revealed Staff E's name listed. Staff E did not have a personnel record.

During an interview on at 10:49 A.M., the Administrator stated Staff E was covering someone's day off. She further stated "We had to go and do her background screening. I do not have her personnel record."

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Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on observation, record review and interview, the facility failed to provide documentation of an attestation of compliance with background screening for 2 out of 6 (Staff C and D).

Findings included:

On at 9:00 A.M., at the time of arrival at the facility revealed that Staff C and E were caring for 7 residents. Staff C was at the kitchen and Staff E was assisting Resident # 2 with activities of daily living (bathing).

Record review showed the facility had no documentation of the background screening result or attestation of compliance with screening for Staff C or D. Staff D was hired on . A review of the background screening clearinghouse database showed that Staff C had an eligible result dated .

On at 11:07 a.m., the Administrator acknowledged that Staff C's record did not have the required documentation.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation and interview, the facility failed to obtain a licensure capacity increase prior to providing personal care and meals to 7 residents. The facility's current license capacity is six residents.

Findings included:

On at 9:00 A.M., observation revealed that Staff C and E were caring for 7 residents. Staff C was in the kitchen and Staff E was assisting Resident # 2 with activities of daily living (bathing). Staff C stated "We have 7 residents here. " At 10:08 A.M. Staff C further stated "We have 7 residents that receiving housing and activities of daily living at this moment because Resident #7 was transferred from another assisted living facility (ALF) to here because they are fixing her . She is here temporarily."

During an interview on at 11:11 A.M., the Administrator stated that she had 7 resident and said

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"My capacity is for 6 residents. One of the residents are moving to the other ALF this week."

Unclassified