STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	**04/28/2017**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on and concluded on . North Miami Retirement Living with Limited Mental health component (AL 5934) had the following deficiencies identified at the time of the survey:

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

Based on observation and interview the facility failed failed to provide an ongoing activities to the residents.

Findings as follow:

On at 9 am during facility tour some residents were observed at breakfast, sitting in the dining the patio. On at 10:30 am residents observed still sitting, activities were not offered to them.

On Residents #3, #4, and #5 interviewed stated they have not seen any activities in the facility.

Class III

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

Based on observation and interview the facility failed to follow the steps when assisting residents with self-administration of medications for 2 out of 13 sampled residents (# 8 and 9).

Findings as follow:

During assistance with self-administration of medication on at 9:20 am observed that Staff failed to washed or her hands before and after assisting Resident # 8, failed to say the names of the medications to the resident and failed to have the medication observation record (MOR) in front of her to verified the medications due. Also the medication scheduled to be given at 8 am and was given at 9:20 am.

During assistance with self-administration of medication on at 9:58 am observed that Staff failed to washed or her hands before and after assisting Resident #9, failed to say the names of the medications to the resident and failed to have the medication observation record (MOR) in front of her to verified the medications due. Also the medication scheduled to be given at 8 a and was given at

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9:58 am.

The Administrator stated during an interview on . . . . . at 11:15 am, "we have trained them over and over on med pass, we will re-train them."

Class III

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

Based on record review and interview the facility failed to have evidence of a negative . . . . . examination documented on an annual basis for 1 out of 9 (Staff F) sample staff.

Findings as follow:

Staff record review showed the last negative statement for Staff F was dated . The facility failed to have evidence of a negative . . . . . examination documented on an annual basis.

On at 11:00 am the Administrator acknowledged the facility failed to have the document for Staff F.

Class III

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 reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 9 am Staff C, D, H and I were observed in facility. On at 9:50 am Staff A and G were observed arriving to the facility.

Staffing schedule review for . . . . . showed Staff A, C, D, G, H and I were scheduled to work from 9 am to 1 pm.

On at 11:00 am the Administrator stated the staffing schedule was not accurate because they had to work in the other facility that administers, together with Staff G.

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Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to ensure that 3 out of 9 (C, C, and G) sampled direct care was knowledgeable on the facility's policy and procedures regarding ( ).

Findings as follow:

During interview conducted with Staff C on at 10:13 am, she stated she does not know the meaning of " ."

During interview conducted with Staff D on at 10:58 am, she stated she does not know the meaning of " ."

During Interview conducted with staff on at 11:45 am revealed that staff G does not know the meaning of a " ." She stated " I do until the fire rescue arrives."

During interview with the Administrator on at 1:43 pm, she stated that all staff had the training in the , of 2017

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure that all existing architectural and structural systems, and appurtenances are maintained in good working order.

Findings as follow:

On at 9:00 am unit 6 had an awful odor; also the vertical curtain on the window was broken and covered with a carton board. There were broken closet doors in multiple ; there was a strong smell of cigarettes around the facility even though there was a designated smoking area in the ground floor. On unit #4 there was a huge television stored that was occupying most of the receiving area and the med tech stated that the television needed to be fixed.

The Administrator stated during an interview on at 11:15 am that they will get rid of the broken television because they already bought a new and will fix the broken curtains and closet doors.

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Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to submit a 1 day initial and 15 day adverse incident report to the agency for 1 out of 13 (Residents #12) sampled residents who had an altercation with a staff.

Findings as follow:

During staff interview one of the staff complained that there had been an altercation between the facility's manager and Resident #12 and that the manager had pushed a resident and the resident had to the floor.

On /17 at 10:40 am spoke to the facility's administrator on the phone and she stated that Resident # 2 was trying to hit the manager and another resident in the dining that the other residents were trying to protect the manager. When she was backing up Resident #13 was behind her and the resident to the floor but was not injured. She also stated that they could not keep the resident at the facility because he was aggressive.

On at 1:03 pm spoke to the manager on the phone and she stated that the day of the incident she was in her office and she heard Resident #12 screaming in the dining she went and found him screaming to the kitchen staff for a bowl; she told him to stop screaming that he would be given a bowl and he starting cursing at her and tried to hit her and when she backed up there was another resident (#13) standing behind her and that resident on the floor. She also stated that when the resident stood up she stated that she was ok. She stated that she did an incident report and that she would tell the administrator to email it to AHCA because she was off.

On at 1:50 pm incident report database was checked, the facility had not reported the incident.

Class III

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

Based on record review and interview the facility failed to comply with the Level 2 background screening every 5 years for 2 out of 9 (Staff A and C) sample staff.

Findings as follow:

Staff record review and background screening website review showed the Level 2 background screening for Staff A was preformed on and Staff C performed on .

On at 11:00 am the Administrator acknowledged Staff A and C needed a new background screening.

Unclassified