STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	04/20/2017
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE MIAMI, FL 33145**	

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

0000 - Initial Comments

A Complaint investigation (CCR 2017001719) survey was conducted on and ended on . Las Mercedes Boarding Home with a Standard license# 5295 had the following deficiencies found at the time of the visit:

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

Based on observations, record review, and interview the assisted living facility failed to ensure the appropriateness of continued residency for 1 out of 32 sampled residents (#32). The resident, who was non-ambulatory, not under hospice care, and required total care, was injured while being bathed by staff, and was subsequently hospitalized.

Findings included:

A review of records from another state agency and hospital records show that Resident # 32 was hospitalized on after sustaining a on her face. The appeared after Staff K bathed the resident two days before the hospitalization.

Record review showed that there was no documentation in Resident #32's record that the facility staff contacted a doctor regarding the injury at any time in the two days after it occurred.

A review of the health assessment for Resident #32 dated showed that the resident was diagnosed with , ( ), ( ), Dyslipidemia, , / (OA/). All the activities of daily living, ADL; ambulation, bathing, dressing, eating, self-care ( ), toileting, and transferring, stated that the resident needed assistance.

A review of hospital records showed that resident was admitted to a local hospital on . The resident was found to have of lower extremities, purple in the lower hand with of Lower upper extremity; on the right hand. She also had green on her right hip and right thigh. On the right periorbital area, the resident had medium sized of the , area of the periorbital area. The clinical impressions were: closed head injury. The record stated that it was unknown whether a loss of occurred. The resident was also diagnosed with , , , , severe hypernatremia, to the right eyelid, right hip and right thigh and left hand. Resident #32 had restricted mobility, was non-ambulatory, bedridden and unresponsive.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview on at 10: 00 AM the Manager stated that on the family member was informed about the incident, because resident used a half bed rail and probably during the night she bumped her head on it and that is why she got up with the on her eye.

During an interview on at 10:30 AM, Manager (B) stated that the incident happened on , at 10:00 AM. The resident presented a small hematoma in the right eye was evaluated by another client's home health nurse who informed us to keep resident in observation." The Manager further stated that she didn't think that the facility staff called the doctor, but she couldn't remember for sure.

A review of the facility's records and the averse incident report database showed that no incident report was filed by the facility.

A review of another state agency's reports regarding the incident revealed that Staff C stated Resident #32 was being bathed when she leaned forward and must have bumped her head by accident. Interviewed on at 12:15 PM Staff K, who was taking care of Resident #32, stated that this incident may have been an accident and that she never intended to harm Resident #32.

On at 11:00 AM during an interview, Staff C stated that she told the other state agency that she did not know exactly what had happened Resident #32. She assumed that the way that she got the was at night with the bed rail or while being given a shower.

A review of Resident #32's observation log dated showed that, per her primary physician's evaluation, the resident did not meet the continued residency criteria for the assisted living facility (ALF).

On at 11:10 AM during a phone interview, the doctor's assistant stated that the office saw the resident every month. She further stated that, based on the resident's file, she could see that the resident had been going in decline for the last two months and that the doctor had been informing the family.

On at 11:20 AM the nurse who assessed Resident #32 after her injury, stated, "I am the nurse that they always call to evaluate the residents. I remember that the manager called me and told me to go to the facility to evaluate Resident #32. I went and evaluated her and she a on the right eye and I told them to put some compresses on for the time being. I go every day to the facility to give Home Health services to some residents but I am not the nurse assigned for Resident #32, because she does not get Home Health."

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A review of Resident #32's record revealed that there was no documentation that a home health nurse had assessed the resident.

Class II

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 complete and submit an adverse incident report.

Findings included:

A review of records from another state agency and hospital records show that Resident # 32 was hospitalized on after sustaining a on her face. The appeared after Staff K bathed the resident two days before the hospitalization.

Record review showed that there was no documentation in Resident #32's record that the facility staff contacted a doctor regarding the injury at any time in the two days after it occurred.

A review of the health assessment for Resident #32 dated showed that the resident was diagnosed with , ( ), , , ( ), Dyslipidemia, , / (OA/). All the activities of daily living, ADL; ambulation, bathing, dressing, eating, self-care ( ), toileting, and transferring, stated that the resident needed assistance.

A review of hospital records showed that resident was admitted to a local hospital on . The resident was found to have of lower extremities, purple in the lower hand with of Lower upper extremity; on the right hand. She also had green on her right hip and right thigh. On the right periorbital area, the resident had medium sized of the , area of the periorbital area. The clinical impressions were: closed head injury. The record stated that it was unknown whether a loss of occurred. The resident was also diagnosed with , , , , severe hypernatremia, to the right eyelid, right hip and right thigh and left hand. Resident #32 had restricted mobility, was non-ambulatory, bedridden and unresponsive.

During an interview on at 10: 00 AM the Manager stated that on the family member was informed about the incident, because resident used a half bed rail and probably during the night she bumped her head on it and that is why she got up with the on her eye.

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview on at 10:30 AM, Manager (B) stated that the incident happened on , at 10:00 AM.

A review of the facility's records and the averse incident report database showed that no incident report was filed by the facility.

Class III