

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/08/2017  
FORM APPROVED

|                                                                    |                                                                                          |                                                     |
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| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964101</b>              | (X3) DATE SURVEY COMPLETED<br><br><b>05/17/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>M &amp; M COMPREHENSIVE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>280 WEST 56 STREET<br/>HIALEAH, FL 33012</b> |                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . M & M Comprehensive Lic #8987, had the following deficiencies found at the time of survey:

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

Based on observation and interview the facility failed to follow the correct procedure when assisting 2 out of 6 sampled residents with self-administration of medications (Resident #1 and #2).

Findings Include:

On at 8:46 AM observed Staff C place a little plastic cup of medications for Resident #2 and left it on the table. The staff did not observed the resident take the medication.

On at 8:50 AM observed Staff C assist with self-administration of medication to Resident #1, Staff C washed her hands; from packet she placed medications in a small plastic cup. Placed the cup on the table with medications with a cup of water. Staff C then stated the name of the medication to the resident and left. Staff did not ensure that the resident took the medications.

On at 9:51 AM Staff C stated "I leave the residents with their medications on the table because, I am sure they are going to take it, they always take the medication."

Class III

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

Based on observations, record review, and interview the facility failed to follow the posted menu. The substitutions were not noted before or when the meal was served.

Findings included:

On at 8:46 AM observed breakfast served to residents was toast with butter, cereal with milk, a banana and coffee with milk.

Reviewed posted Menu for included  $\frac{3}{4}$  dry cereal, 4 Cuban cookies, butter and Milk. The substitution was not made to menu prior or during meal being served.

On at 8:50 PM interview with Staff C stated "We try to give the exact thing on the menu, but

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                                     |
| <p>not today."</p> <p>Class III</p> <p><b>0160 - Records - Facility - 58A-5.024(1) FAC</b></p> <p>Based on record review and interview the facility failed to have a current, Emergency Management Plan.</p> <p>Findings included:</p> <p>A review of the facility's bulletin board revealed the last approved Emergency Management Plan dated 11/1/2016.</p> <p>On 5/17/2017 at 8:58 AM Staff B stated "We do not have an approved Emergency Plan, because they take a long time to send the new one. I already submitted the new plan about a month ago."</p> <p>Class III</p> |                                                                                          |                                                     |