STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966897	R 05/25/2017
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **14934 SW 32 TERRACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Complaint 2nd Revisit Survey (CCR #2017000080) was conducted on 05/25/2017. Miramar Senior Living with standard license (AL 11034) 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, record review, and interview the facility failed to ensure that 1 out of 4 sampled residents met continued residency criteria. The facility failed to have an updated health assessment for 1 out of 4 (Resident #1) sampled residents after a significant change in health condition occurred.

Findings as follow:

On at 8:25 a.m. the resident was in his on a couch, covered with a blanket. The following medications were given to Resident #1 , 20 mg 1 daily 8:00 am, 50 mg 1 daily 8:00 am, Levothiroxin 112 mg twice daily (8:00 am 5:00 pm, and Verapramil 180 mg 1 daily 8:00 am. Observed the staff member asked Resident #1 to hold the spoon but the resident did not. The staff member try to place the spoon in the resident's hand but Resident #1 did not move his hands. Staff A observed administering medications to Resident #1.

On at 8:25 a.m. Staff A stated the staff had to administer medications to Residents #1 because they are unable to hold anything with their hands. Staff stated Resident's #1 wife was going to come to give the medications to him in the future.

Record review found Resident #1's health assessment dated documented a medication history of . The resident needed supervision and assistance with activities of daily living.

Uncorrected Class III

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

Based on observation, record review, and interview the facility failed to ensure that licensed personnel administer medications to 1 out of 4 (Resident #1) sampled residents.

Findings as follow:

On at 8:25 a.m. the resident was in his on a couch, covered with a blanket. The

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following medications were given to Resident #1 , ... 20 mg 1 daily 8:00 am, . . 50 mg 1 daily 8:00 am, Levothiroxin 112 mg twice daily (8:00 am 5:00 pm, and Verapramil 180 mg 1 daily 8:00 am. Observed the staff member asked Resident #1 to hold the spoon but the resident did not. The staff member try to place the spoon in the resident's hand but Resident #1 did not move his hands. Staff A observed administering medications to Resident #1.

On at 8:25 a.m. Staff A stated the staff had to administer medications to Residents #1 because they are unable to hold anything with their hands. Staff stated Resident's #1 wife was going to come to give the medications to him in the future.

Record review found Resident #1's health assessment dated documented a medication history of . The resident needed medication administration. The medication observation records (MORs) showed Staff A initialed MORS as given for Resident #1.

Personnel record review revealed Staff A was not a licensed personnel.

Class III