STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966965	05/31/2017
NAME OF PROVIDER OR SUPPLIER **PAULA'S MANSION ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **13206 SW 218 TERRACE** **MIAMI, FL 33170**	

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 . Paula's Mansion ALF, license # 11071 had the following deficiencies found at the time of the survey:

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

Based on record review, interview and observation, the facility failed to have an updated Health Assessment by a health care provider after significant change on file for 2 (resident #1 and #2) out of six sampled residents.

Findings included:

Record review of Resident #1's health assessment (dated) revealed it did not reflect the resident's current health status. The health assessment stated the resident has a . A review of the care plans dated , , , and revealed care was discontinued for the and the issue was resolved on .

On at 1:44 PM, Staff A stated "I thought the doctor has to do a new health assessment every three (3) years."

Resident #2's health assessment dated revealed the resident needed nursing services home health administration and assistance with activities of daily living (ADL's) bathing, dressing, self-care, toileting and transferring, and needed special diet instruction "Puree".

On at 10:31 A.M. Staff A stated Resident #2 does not use a home health agency. Staff stated Resident #2 filled the syringe and we supervised the amount of the medication. She stated she can do it in her own. She inject herself in her tummy.

Observation on at 7:00 AM revealed Resident #2 transferred independently to the . At 7:20 AM, Resident #2 administer to herself.

During an interview on at 7:50 A.M. the administrator acknowledged that health assessment for the resident need to reflect that she is able to administer her own .

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

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Based on interview and record review the facility failed to update the written record regarding an incident that resulted in medical attention, for one out of six sampled residents (Resident #2).

Findings included:

A review of Resident #2's record revealed the files do not contain any progress note documenting that the resident went to the hospital multiples times on , , and .

In an interview on at 11:14 AM Staff A stated Resident #2 went to the hospital a few times because the , the last time was on . Staff A stated that she did not write progress note unless something important happened. She acknowledged Resident #2 went to the hospital on , , and .

Class III

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

Based on observation and interview the facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community and failed to follow the activity calendar.

Findings included:

The residents were observed on from 8:30 AM to 2:05 PM sitting in the family TV. The staffs did not offer any activities to them.

Record review on at 9:00 AM revealed that the activity calendar posted in the office stated "10:00 AM -11:00 AM Puzzles and 2:00 PM to 3:00 PM Play Cards."

During the exit interview with Staff A on at 02:00 PM, she acknowledged that the residents were not and did not perform any of the activities scheduled.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview the facility failed have a physician's order and resident consent signed by resident, legal guardian or power of attorney for the use of bed rails for two (#1 and # 4) out of six sampled residents.

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Findings included:

Observation on at 8:43 AM revealed Resident #1 was in bed with full bed rails up attached to the bed at both sides and Resident #4 had half bed rails attached to the bed.

Review of resident's #1 file revealed the Power of Attorney signed on , he was the legal guardian and health care surrogate. However, the resident's consent for bed rails was signed by his wife.

Further review revealed Resident #4's file did not have a physician order for the use of half bed rails and the inform consent to the use of half bed rail was signed by his wife. The facility did not have power of attorney or health care surrogate on record for review.

During interview on at 2:00 PM, staff A stated "but she is his wife."

Class III

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

Based on observation, record review, and interview the facility failed to have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . for one (Staff D) out of four sampled staff within 30 days of employment. The facility also failed to have evidence of a negative ( ) examination documented on a annual basis for one out of four (Staff C).

Findings included:

On at 12:20 PM Staff C observed in the facility assisting two residents with activities of daily living and preparing lunch for all six residents.

Review of Staff C's personnel record revealed the staff members's status expired on .

Interview on at 10:45 AM Staff C stated, "I have been working since 2017."

Record review revealed Staff D was hired on . Record review revealed Staff D did not a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment.

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Interview conducted on at 1:55 PM Staff A who reviewed the employee records for the missing documentation, she acknowledged that staff did not have statement.

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 which reflects its correct staffing pattern for a given time period.

Findings included:

Observation on at 9:00 AM revealed Staff B and C were taking care of six residents.

Review of staffing pattern for , 2017 revealed only Caregiver A and C were scheduled to work on . The schedule did not have shifts or time frames listed.

During interview on at 9:54 AM Staff A stated "I asked Staff B yesterday to come to work today, but I forgot to add her to the schedule." Then at 01:59 PM Staff A stated called Staff C to come to work when she is tired. She then grabbed the scheduled and wrote down Staff C name on it.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review, and interview the facility did not ensure that one out of four sampled employees (Staff C) received Elopement and Nutritional & Safe Food Handling within 30 days of hire.

Findings included:

Interview on at 10:45 AM Staff C stated, "I have been working since 2017."

On at 12:20 PM Staff C was observed in the facility assisting two residents with activities of daily living and preparing lunch for all six residents.

Record reviewed revealed Staff C did not have Nutritional & Safe Food Handling and Elopement Response training on file.

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During interview conducted on at 1:55 PM Staff A reviewed the employee records for the missing documentation, she acknowledged that Staff C did not have Nutritional & Safe Food Handling and Elopement Response training on file.

Class III

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

Based on observation, record review, and interview the facility failed to ensure one out of four (Staff C) direct care receives at least one hour of training in the facility's policy and procedures regarding ( ) training within 30 days of employment.

Findings included:

Interview on at 10:45 AM Staff C stated, "I have been working since 2017."

On at 12:20 PM Staff C was observed in the facility assisting two residents with activities of daily living.

Record reviewed revealed Staff C did not have training on file.

During interview conducted on at 1:55 PM Staff A reviewed the employee records for the missing documentation, she acknowledged that Staff C did not have training on file.

Class III

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

Based on record review, interview, and observation the facility failed to offer a therapeutic diets that was prepared and served as ordered by the health care provider for one out of six (#2) sampled residents.

Finding included:

Observation on at 12:00 P.M. revealed Resident#2 transferred independently the dining table. The resident was observed eating regular food.

During an interview on at 12:04 P.M. Resident #2 stated, "I needed to eat soft food because I had surgery and can easily chock on food."

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Record review of Resident #2's file revealed the health assessment completed on . . . . . had a puree diet. Further review showed Resident #2 did not have therapeutic diet refusal signed.

During an interview on at 12:28 P.M., Staff A stated Resident #2 ate soft food because the surgery. She acknowledged that Resident #2's had puree diet order.

Class III

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

Based on record review and interview the facility failed to ensure that two out of four (Staff B and C) sampled employees had completed applications on file.

Findings included:

Record review revealed that Staff B and Staff C did not have a completed application showing the application date and the date of hired on file. Staff B also did not have the required training on file available for review.

Interview on at 10:45 AM Staff C stated, "I have been working since 2017."

During interview conducted on at 1:55 PM with staff A reviewed the employee records, she acknowledged that Staff B and C's applications were not dated.

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview facility failed to have documentation of an eligible level II background Screening for three out of four (A,B,C) sampled staff.

Findings included:

On at 09:00 AM Staff A, B, and C were observed in the facility assisting residents with activities of daily living.

Record review revealed Staff A has an expired Level II background screening on file, Staff B and C did not have eligible Level II background screenings on file.

The background screening website search showed and Staff A had an updated screening and Staff B and Staff C also had screenings completed.

During interview conducted on at 1:55 PM Staff A who reviewed the employee records for the missing documentation, she acknowledged that herself, Staff B, and Staff C did not have eligible Level II background screenings on file. She stated "my license is in litigation, AHCA does not give me access online to print it, I cannot do anything. I sent them a letter and the say I cannot print it."

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure staff members were registered with the clearinghouse employee roster through background screening.

Findings included:

Review of staffing pattern for , (2017) revealed there are four employees listed on the schedule. Background screening search showed no staff members listed on the employee roster.

During interview with Staff A on at 1:44 PM she stated, "my license is in litigation, AHCA does not give me access online to print it, I cannot do anything. I sent them a letter and the say I cannot print it."

Unclassified

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