STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964718	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **MARILUCA 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **8411 SW 21 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Mariluca 1, license #9667, with Limited Mental Health component had deficiencies at the time of 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 have updated health assessments for two out of six (#2 and 3) sampled hospice residents.

Findings included:

Lunch observations on at 12:30 PM revealed Resident #2 was fed by Staff B. Resident #3 was observed in bed eating her meal on her own.

Record review found that the health assessments dated for Residents #2 did not document what type of assistance she needs with medications.

Review of the health assessment for Resident #3 dated revealed page 2 was not completed regarding the wounds. It did not document that Resident #3 had a on the health assessment.

Interview with the hospice nurse on at 11:25 AM confirm that Resident #3 has a , on sacral and right hip.

Class III

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

Based on observations, record review, and interview the facility failed to honor three out of six (#2, 3, & 6) sampled resident rights for privacy. The facility also failed to obtain written consent for the use of bed rails for two out of six (#2 & 3) sampled residents.

Findings included:

Observations on at 9:30 AM during the tour with Staff B revealed the staff member entered Resident #6's knocking. When Staff B entered the #6 was found lying in bed and then got up quickly to address the staff. Then Staff B entered # without knocking, there were two hospice residents with full bed rail on their beds receiving AM care from the hospice nurse.

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Record review revealed Residents #2 and #3 had full bed rail orders dated . Record review showed the facility failed to have a signed consent for the use of the bed rails for Residents #2 and #3.

Interview on at 3:45 PM the Administrator stated she would talk to the staff and acknowledged the facility did not have the consent for full bed rails.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview and failed to conduct two elopement drills annually.

Findings included:

Record review of the facility's elopement policies revealed, "It is the policy of Mariluca Assisted Living Facility to conduct elopement twice a year." Review of the elopement file documents revealed the last drills were completed on and .

Interview on at 3:30 PM the Administrator acknowledged the elopement drills were not done.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain medication observation records (MORs) for six out of six (#1, 2, 3, 4, 5, & 6) sampled residents.

Findings included:

Arrival to the facility on at 10:00 AM, observed Staff B sitting at the dining table initialing the MORS for each resident. Review of the MORS found the 8 AM medications for for Residents 1-6 were not initialed after the resident was given the medication. Medication reconciliation completed on of the residents medications found they were empty for at 8:00 AM.

Record review found the MORs were not initialed for the 8 AM medications on for Residents #1-6. Instead, Staff B initialed the 2 PM and 8 PM medications for all residents for .

Resident interviews on from 9:30 AM to 3:32 PM revealed Residents #1, 3, 4, 5, and 6 confirmed they received their 8 AM medications.

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Interview on ..... at 3:45 PM the Administrator acknowledged findings and stated she would retrain the staff.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to keep centrally stored medications locked up at all times.

Findings included:

Facility tour on ..... at 9:30 AM found medication unlocked in closet where the facility file are also kept. The closet contain all of the resident medications.

Interview with the Administrator on at 3:30 PM, she acknowledged the closet was unlocked at her arrival.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed ensure administrator who supervise a maximum of two assisted living facilities appoint a separate manager for each facility.

Findings included:

Record review of a staff files revealed a letter of Delegation found for a manager. A Internet search in the Health Facility Finder found the Administrator supervised two facilities.

Interview on ..... at 3:30 PM the Administrator stated, she only has one manager appointed for the two facilities.

Class III

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

Based on record review and interview the facility failed to have proof of a negative

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examination documented on an annual basis for one out of four (A) sampled staff.

Findings included:

Record review found Staff A did not have a proof of a negative examination documented on an annual basis. The last written statement for Staff A was dated and expired on .

Interview on at 3:30 PM the Administrator acknowledged the findings after reviewing of her file.

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 24-hour staffing pattern .

Findings included:

Observations on at 9:35 AM found Staff B in the facility with the residents assisting with activities of daily living.

Record review of facility staffing schedule had five staff members listed. The schedule revealed Staff E worked 4 PM from 8 PM on Mondays & Tuesday and 7 AM to 7 PM on Friday 7 PM to 7 AM on Saturday.

Interview on at 12:45 PM the Administrator stated, "She no longer works here. She works at the #2 facility."

Class III

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

Based on observations and interview the facility failed to ensure menus were conspicuously posted or easily available to residents.

Findings included.

Observations on at 9:30 AM found a menu posted on the wall at the entrance of the facility and a second menu posted in the kitchen. Further observations made in dining area found no menu posted

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conspicuously for residents to view.

Interview on at 3:30 PM the Administrator stated she would put one in the dining area.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to keep an up to date admission and discharge log listing the names of all the residents. The facility also failed to have an the updated sanitation inspection reports issued by the county health department.

Findings included:

Observations on at 9:30 AM found the last sanitation inspection dated . Record review of admission and discharge log revealed that there were only five residents listed. Resident #2 was not listed.

Interview on at 3:30 PM with the Administrator acknowledged the admission and discharge was not updated. The Administrator stated she submitted the sanitation inspection but have not received the paperwork.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have a health assessment completed two out of six (#2 & 4)sampled residents and signed contract for one out of six (#2) sampled resident.

Findings included:

Record review of Resident #2's file revealed it did not have a signed contract and weights documented semi-annually. The only weight in the file was her initial weight. Resident #2's health assessment documented she needs total assistance with activities of daily living (ADLs).

Review of Resident #3's health assessment revealed she needed total assistance with her ADLs and assistance with eating. Review of the resident's file found her weights were no recorded semi annually.

Interview on at 3:45 PM the Administrator stated they have not been keeping track of the

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residents weights and was unable to locate Resident #2's contract.

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

Based on record review and interview the facility failed to have an eligible level II background screening and completed attestation forms for two out of four (A & C) sampled staff.

Findings included:

Record review of Staff C(hired)'s file revealed the Level II background screening on file was dated . An Internet search found Staff C last screening was dated .

Record review also found the facility did not have the signed attestation forms for staff A and Staff C .

Interview on at 3:40 PM the Administrator acknowledged the current background paperwork was not in Staff C's file.

Interview on at 3:46 PM with the Administrator after reviewing the file acknowledged they did not have the signed attestation forms in the files.

Unclassified

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the Clearinghouse revealed that the facility's employee roster was not updated and had Staff E listed. There was another person that no longer worked at the facility listed.

Interview on at 12:45 PM the Administrator stated, "She no longer works here. She works at the #2 facility. I'll remove her from the roster."

Unclassified