STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	**07/05/2017**
NAME OF PROVIDER OR SUPPLIER **MORNINGSIDE MANOR & VILLA ADULT CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 SOUTH DRIVE** **MIAMI SPRINGS, FL 33166**	

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

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 for 2 out of 6 (Staff F and G) facility employees.

Findings as follow:

On at 2:10 p.m. the administrator stated Staff F and G were not working in facility anymore.

Clearinghouse employee roster review showed Staff F and G were registered with the clearinghouse as facility employees.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility was over its licensed capacity of 6 beds. The facility had a census of seven residents.

Findings as follow:

On at 8:50 a.m. seven (7) residents were observed in facility.

Record review revealed the admission and discharge had 7 residents.

The residents records reviewed revealed the facility had a resident contract executed between residents #1, #2, #3, #4, #5, #6 and #7 and the facility.

On at 2:20 p.m. the Administrator acknowledged was overcapacity and had 7 residents. She stated have 7 residents to guarantee the full capacity of 6 in case one resident pass away.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	**07/05/2017**
NAME OF PROVIDER OR SUPPLIER **MORNINGSIDE MANOR & VILLA ADULT CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 SOUTH DRIVE** **MIAMI SPRINGS, FL 33166**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . Morningside Manor & Villa Adult Care Corp. with standard license (AL 10361) 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 have accurate and completed health assessments for 1 out of 7 (Resident #4 and #7)

Findings as follow:

1. On at 9:40 a.m. observed the niece of Resident #4 administering the medications to the resident.

Resident #4's health assessment (dated) revealed it did not specify what type of assistance resident needed with self administration of medications (It was blank).

On at 2:20 p.m. the Administrator acknowledged the health assessment of resident #4 was incomplete and did not have the type of assistance resident needed with self administration of medications. The administrator stated the niece of Resident #4 administers the medications to Resident #4 because she wants.

2. On at 12:10 p.m. Resident #7 was observed sitting at the dining table having lunch with no assistance. Resident then was observed transferring in a wheelchair assisted by staff.

Resident #7's health assessment (date) revealed the resident needed total assistance with bathing, dressing, self care, and toileting.

On at 1:00 p.m. Staff B stated the resident needed assistance with bathing, dressing, self care, and toileting.

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 to have a bed rail order for 1 out of 7 (Resident # 4) sampled residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	**07/05/2017**
NAME OF PROVIDER OR SUPPLIER **MORNINGSIDE MANOR & VILLA ADULT CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 SOUTH DRIVE** **MIAMI SPRINGS, FL 33166**	

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

Findings as follow:

On at 8:55 a.m. Resident #4 observed in bed with half bed rails in the upright position.

Record review showed the facility had no the bed rail prescription for Resident #4.

On at 2:00 p.m. the Administrator looked for the bed rail prescription of Resident #4 but was unable to find it. She stated the prescription should be misplaced.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings as follow:

Record review revealed the facility failed to have a staffing pattern.

On at 2:00 p.m. the Administrator acknowledged the facility did not have a staffing schedule. The Administrator showed a piece of sheet with staffing names but no scheduled hours in it.

Class III

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

Based on record review and interview the facility failed to have a satisfactory health inspection report annually.

Findings as follow:

Record review showed the last facility health inspection was dated on .

On at 2:00 p.m. the Administrator acknowledged the health inspection was not up-to-date because the sanitation inspector did not come to do the inspection, yet.

Class III