STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE MIAMI, FL 33168**	

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

0000 - Initial Comments

A full monitioring survey was conducted at Capricorn Retirement Home, (License # 7892) with Limited Mental Health (LMH) component. Deficiencies were 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 an accurate health assessment for one of five sampled residents (Resident #2).

Findings included:

Record review showed that Resident #2 had discharge information from a hospital (dated) that reflected to and .

A review of Resident #2's AHCA's 1823 Form (Health Assessment dated) reflected NKA for , no weight and height information.

Interviewed on at 1:30 pm, Staff B confirmed that Resident #1's 1823 Form needed to be completed with height and weight information. In addition, she confirmed that Resident #2 needed accurate information, too.

Class III

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

Based on observation, record review and interview, the facility failed to have updated notes for one out of five (Resident #1) sampled residents weight loss.

Findings included:

Observation on at 9:00 am showed Resident #1 eating breakfast at 9:00 am (egg/two slice of bread / orange juice). Menu on Thursday stated, "Assorted juice, ½ cup of cooked cereal, 1 slice of bread, Margarine and Milk." No substitution recorded.

Observation on at 11:00 am of Resident #1's weight log mentioned weight loss, but no written information for action taken due to weight loss.

Observation on at 12:00 pm revealed that Staff B served lunch to Resident #1. Lunch served

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

was hot dog and a cup of orange juice.

Review of menu posted at the bulletin board in the living that menu was not date at least one week in advance. However, the Menu showed for Thursday's lunch:

Beans or soup, meat lasagna 3x3 piece, Italian blend vegetable, tossed salad, dressing, fresh fruit and Beverage.

Record review of Resident #1's weight log reflected the following information:

as 143 pounds
as 122 pounds
as 118 pounds

Record review of Resident #1 AHCA's 1823 Form (Health Assessment dated on) reflected his weight as 168 pounds and regular diet. It also reflected that Resident #1 diagnosed with and . In addition, Resident #1 and behavior needs as poor endurance, in thought processing and in insight and judgment.

An interview on at 12:10 pm Staff B revealed that she did not follow the menu posted, and she confirmed that was not update.

Interview on at 1:00 pm Staff B stated, " We let doctor knows about his weight loss, and he sent lab works. I did not add that information in Resident #1's file because I did not know I have to keep that recorded, but I will do it. The Doctor will send him to see a ."

Class III

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

Based on observation, record review and interview, the provider failed to maintain an accurate, up-to date medication observation record (MOR) for one of five (#1) residents.

Findings included:

Observation on at 9:20 am revealed that the MOR had Resident #1's medications (9:00 am) already signed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	05/30/2017
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE MIAMI, FL 33168**	

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

Record review of Resident #1's MOR revealed that for the 9 am dose of medication , there were initials documented. Staff B signed (initial) as given before Resident #1 took his medication.

Interview on at 9:20 am Staff B confirmed that she signed Resident #1's MOR before gave his medication.

Class III

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

Based on record review and interview the facility failed to provide documentation of a negative examination on an annual basis for one of four sampled staff (Staff D).

Findings included:

A review of Staff D's file revealed that the last statement was dated . There was no documentation of a negative examination on an annual basis for Staff D.

Interviewed on at 1:47 pm, Staff B stated, " I will let the Administrator know that Staff D's examination is already expired."

Class III

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

Based on observation, interview, and record review, the facility failed to note substitutions before or when a meal was served, and failed to have the menu dated and planned at least one week in advance.

Findings included:

Observation on at 9:00 am showed Resident #1 eating breakfast at 9:00 am (egg/two slices of bread / orange juice). A review of the menu for Thursday showed, "Assorted juice, ½ cup of cooked cereal, 1 slice of bread, Margarine and Milk." No substitution was recorded.

Observation on at 12:00 pm revealed that Staff B served lunch to Resident #1. Lunch served was a hot dog and orange juice.

A review of the menu posted at the bulletin board in the living that menu was not dated at least one week in advance. Menu showed for Thursday's lunch:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

Beans or soup, meat lasagna 3x3 piece, Italian blend vegetable, tossed salad, dressing, fresh fruit and Beverage.

An interview on at 12:10 pm Staff B revealed that she did not follow the menu posted, and she confirmed that the menu was not updated.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe and clean living environment.

Findings included:

Observation on at 8:50 am revealed that the facility's living area had four sofas. One of the sofa have folded clothes on top, and a seat sofa with folded clothes, too. The floor of the living and dining area had old stains and dirt. The kitchen dining area was full of boxes and was crowded.

Observation during tour on at 9:00 am, showed there was a back door that lead to a dark and spacious hallway that contained accumulated old furniture, boxes and broken electrical equipment. At the east rear side of the backyard, there was broken furniture, and the fence needed repair. The west side of the backyard had construction stains on the floor. The had no blinds and the curtains were transparent. The air conditioner cover at the dining area was dirty.

Interviewed on at 10:00 am, Staff B acknowledged that the facility needed to clean and throw away garbage.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE MIAMI, FL 33168**	

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

0000 - Initial Comments

A full monitioring survey was conducted at Capricorn Retirement Home, (License # 7892) with Limited Mental Health (LMH) component. Deficiencies were 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 an accurate health assessment for one of five sampled residents (Resident #2).

Findings included:

Record review showed that Resident #2 had discharge information from a hospital (dated) that reflected to and .

A review of Resident #2's AHCA's 1823 Form (Health Assessment dated) reflected NKA for , no weight and height information.

Interviewed on at 1:30 pm, Staff B confirmed that Resident #1's 1823 Form needed to be completed with height and weight information. In addition, she confirmed that Resident #2 needed accurate information, too.

Class III

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

Based on observation, record review and interview, the facility failed to have updated notes for one out of five (Resident #1) sampled residents weight loss.

Findings included:

Observation on at 9:00 am showed Resident #1 eating breakfast at 9:00 am (egg/two slice of bread / orange juice). Menu on Thursday stated, "Assorted juice, ½ cup of cooked cereal, 1 slice of bread, Margarine and Milk." No substitution recorded.

Observation on at 11:00 am of Resident #1's weight log mentioned weight loss, but no written information for action taken due to weight loss.

Observation on at 12:00 pm revealed that Staff B served lunch to Resident #1. Lunch served

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

was hot dog and a cup of orange juice.

Review of menu posted at the bulletin board in the living that menu was not date at least one week in advance. However, the Menu showed for Thursday's lunch:

Beans or soup, meat lasagna 3x3 piece, Italian blend vegetable, tossed salad, dressing, fresh fruit and Beverage.

Record review of Resident #1's weight log reflected the following information:

as 143 pounds
as 122 pounds
as 118 pounds

Record review of Resident #1 AHCA's 1823 Form (Health Assessment dated on) reflected his weight as 168 pounds and regular diet. It also reflected that Resident #1 diagnosed with and . In addition, Resident #1 and behavior needs as poor endurance, in thought processing and in insight and judgment.

An interview on at 12:10 pm Staff B revealed that she did not follow the menu posted, and she confirmed that was not update.

Interview on at 1:00 pm Staff B stated, " We let doctor knows about his weight loss, and he sent lab works. I did not add that information in Resident #1's file because I did not know I have to keep that recorded, but I will do it. The Doctor will send him to see a ."

Class III

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

Based on observation, record review and interview, the provider failed to maintain an accurate, up-to date medication observation record (MOR) for one of five (#1) residents.

Findings included:

Observation on at 9:20 am revealed that the MOR had Resident #1's medications (9:00 am) already signed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	05/30/2017
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE MIAMI, FL 33168**	

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

Record review of Resident #1's MOR revealed that for the 9 am dose of medication , there were initials documented. Staff B signed (initial) as given before Resident #1 took his medication.

Interview on at 9:20 am Staff B confirmed that she signed Resident #1's MOR before gave his medication.

Class III

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

Based on record review and interview the facility failed to provide documentation of a negative examination on an annual basis for one of four sampled staff (Staff D).

Findings included:

A review of Staff D's file revealed that the last statement was dated . There was no documentation of a negative examination on an annual basis for Staff D.

Interviewed on at 1:47 pm, Staff B stated, " I will let the Administrator know that Staff D's examination is already expired."

Class III

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

Based on observation, interview, and record review, the facility failed to note substitutions before or when a meal was served, and failed to have the menu dated and planned at least one week in advance.

Findings included:

Observation on at 9:00 am showed Resident #1 eating breakfast at 9:00 am (egg/two slices of bread / orange juice). A review of the menu for Thursday showed, "Assorted juice, ½ cup of cooked cereal, 1 slice of bread, Margarine and Milk." No substitution was recorded.

Observation on at 12:00 pm revealed that Staff B served lunch to Resident #1. Lunch served was a hot dog and orange juice.

A review of the menu posted at the bulletin board in the living that menu was not dated at least one week in advance. Menu showed for Thursday's lunch:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

Beans or soup, meat lasagna 3x3 piece, Italian blend vegetable, tossed salad, dressing, fresh fruit and Beverage.

An interview on at 12:10 pm Staff B revealed that she did not follow the menu posted, and she confirmed that the menu was not updated.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe and clean living environment.

Findings included:

Observation on at 8:50 am revealed that the facility's living area had four sofas. One of the sofa have folded clothes on top, and a seat sofa with folded clothes, too. The floor of the living and dining area had old stains and dirt. The kitchen dining area was full of boxes and was crowded.

Observation during tour on at 9:00 am, showed there was a back door that lead to a dark and spacious hallway that contained accumulated old furniture, boxes and broken electrical equipment. At the east rear side of the backyard, there was broken furniture, and the fence needed repair. The west side of the backyard had construction stains on the floor. The had no blinds and the curtains were transparent. The air conditioner cover at the dining area was dirty.

Interviewed on at 10:00 am, Staff B acknowledged that the facility needed to clean and throw away garbage.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

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

Based on record review and interview, the facility failed to have the signed attestation of compliance with background screening in the personnel record for four of four sampled employees (Staff A-D).

Findings included:

Personnel record review of Staff A - D revealed that they did not have signed Attestation of Compliance with Background Screening in their records.

Interviewed on at 1:00 pm, Staff B confirmed that Staff A-D did not have signed Attestation in their records, including hers.

Unclassified