STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	R 06/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUARDIAN ELDER CARE SERVICES,	**8318 SW 162 PLACE MIAMI, FL 33193**

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on . Guardian Elder Care services, Inc (license #10322) had the following deficiencies identified at the time of the visit:

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 obtain an accurate health assessment (AHCA form 1823) that reflected a significant change in condition for 1 of 6 sampled residents (#6).

Findings included:

On at 8:55 A.M. observe Resident #6 in bed, the resident's body appeared to be contracted.

During an interview on at 10:15 A.M., the hospice registered nurse (RN) stated the resident needed administration of medication.

On at 10:29 A.M. Staff C stated, "I take the spoon with yogurt and pill, and I gave the medication in to her mouth." She stated the resident cannot hold the spoon.

A record review of Resident #6's health assessment dated showed that resident needed assistance with self-administration of medication.

Phone interview on at 12:24 P.M., the Administrator stated Resident #6 needed administration of medications. She stated I'm planning to give a 45 days' notice to all hospices residents.

Uncorrected Class III

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

Based on record review and interview, the Assisted Living Facility failed to ensure that only licensed personnel administered crush medications to one out of three (#6) sampled residents.

Findings included:

On at 8:55 A.M. observe Resident #6 in bed, the resident's body appeared to be contracted.

During an interview on at 10:15 A.M., the hospice registered nurse (RN) stated the resident

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SUMMARY STATEMENT OF DEFICIENCIES
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needed administration of medication. She stated the hospice agency did not administer medications to residents living in the Assisted Living Facility (ALF).

A record review of Resident #6's health assessment dated showed that resident needed assistance with self-administration of medication.

On at 10:29 A.M. Staff C stated, "I take the spoon with yogurt and pill, and I gave the medication in to her mouth." She stated the resident cannot hold the spoon. She stated, "I'm not a nurse, no one trained me. I did observer how the hospices nurse do it."

Review of medication observation records (MORs) for Resident #6 showed a list of medications: Ecotin 81 mg, 10 mg, Er 50 mg, 25 mg, Temazepan 30 mg, Lialda 1.2 mg, 1 mg, and 40 mg which were initialed by facility staff.

On at 11:43 A.M. Staff C stated, "I initialed the MORs with MP because I give the medications to her every day.

Phone interview on at 12:24 P.M., the Administrator stated Resident #6 needed administration of medications.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the facility failed to follow a physician order for crush medication for 1 out 3 (#6) sampled residents that had precautions.

Findings included:

Record review revealed the hospice doctor ordered (dated) Resident #6 to have thickener liquid and crush pour mouth (PO) medication due to precaution. Resident #6's health assessment (AHCA form 1823) dated specified that resident needed total care with all activities of daily living (ADLs).

On at 10:29 A.M. Staff C stated "I do take the spoon with yogurt and pill, and I put it onto her mouth. She stated the resident cannot hold the spoon." Staff further stated, "I do not crushed her medications."

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GUARDIAN ELDER CARE SERVICES,	**8318 SW 162 PLACE** **MIAMI, FL 33193**

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

Review of medication observation records (MORs) for Resident #6 had the following medications: Ecotin 81 mg, 10 mg, Er 50 mg, 25 mg, Temazepan 30 mg, Lialda 1.2 mg, 1 mg, and 40 mg were initialed by facility staff.

On at 11:43 A.M. Staff C stated, "I initialed the MOR with (MP) because I gave the medication to her every day."

A phone interview on at 12:24 P.M., the Administrator stated Resident #6 needed administration of medications. The Administrator further stated Resident #6's primary doctor gave me verbal order that Resident #6 can continue in regular medication and for that reason she is not receiving crushed medication, but I don't have documentation that order been discharge.

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 that reflected its 24-hour staffing pattern for a given time period.

Findings included:

On at 8:55 A.M., observed that Staff C and G were caring for 6 residents.

Record review of the staffing schedule posted on the kitchen's bulletin board was for the month of from to / 2017. The facility did not have the current scheduled from .

During a phone interview on at 12:24 P.M., the Administrator acknowledged the scheduled was not updated for this week.

Uncorrected Class III