STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964119	R 07/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES ESTATES INC	**1881 SW 37TH AVENUE** **MIAMI, FL 33145**

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . Gables Estates Inc with license number 8941 had the following deficiencies identified at the time of the survey:

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

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that one out of six sampled residents were treated with consideration and respect, and was free of . Resident #6 was found sleeping in staff half bed rails up, which could not be removed without staff assistance (#6) .

Findings included:

Observation on at 4:50 P.M. revealed that staff was unlocked, Resident #6 was found in bed with ½ bed rails up. The resident was unable to remove the bed rails without staff assistance.

A review of Resident #6's health assessment (AHCA form 1823) dated showed diagnoses of ( ), ( ), ( ). ADL's assistance with ambulation (30 FT, W/R walker), bathing, dressing, toileting, transferring (min/ assistance) and supervision with eating and self-care).

During an interview on at 4:50 P.M., Caregiver C and D stated that Resident #6 was sleeping in the staff she was discharged from the hospital two days earlier and she was not feeling well. Staff C stated "We are going to move the resident back to her ."

Class III

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

Based on observation an interview, the Assisted Living Facility failed to keep medication locked at all times.

Findings included:

Observation on at 4:50 P.M. revealed that staff was unlocked, Resident #6 was in bed with ½ bed rails up and on top of the cabinet there was unlabeled over the counter (OTC) medications fast-max sever , C, Omega XL, Omega 3 Fish oil, D3 2000

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mg, 1000 mg, 12 hours relief, Dobelduy Solution.

During an interview on at 4:50 P.M., Caregiver C and D stated regarding the OTC medications, "It belongs to the owner. And the resident is in this she was discharged from the hospital two days ego and she is not feeling well. Staff C stated we are going to move the resident back to her ."

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observations and interview, the facility failed to ensure that over the counter (OTC) medications were labeled.

Findings included:

Observation on at 4:50 P.M. revealed that staff was unlocked, Resident #6 was in bed with ½ bed rails up and in top of the cabinet there was unlabeled over the counter (OTC) medications fast-max sever , C, Omega XL, Omega 3 Fish oil, D3 2000 mg, 1000 mg, 12 hours relief, Dobelduy Solution.

During an interviewed on at 4:50 P.M., Caregiver C and D stated, "It belongs to the owner."

Class III

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

Based on observation, record review and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 4:45 P.M. revealed that Caregivers C and D were taking care of five residents.

A review of 2017's staff schedule revealed that on Tuesday , Staff C was scheduled Off.

In an interview on at 6:10 P.M., the Administrator reviewed the staff schedule and acknowledged deficiencies. He stated "this is nothing."

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

Class III