STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	R 08/14/2017

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 2nd Revisit Survey was conducted on 08/14/17. Guardian Elder Care services, Inc (license #10322) had the following deficiencies identified at 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 obtain an accurate health assessment (AHCA form 1823) that reflected a significant change in condition for one out of six sampled residents (Resident #6).

Findings included:

Observation on . . . . at 12:00 PM showed Resident #6 lying in bed. Her hands appeared to be contracted.

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

Resident's #6 hospice record review showed the Plan of Care done on . . . . indicated "Facility staff administers daily oral medications."

Interview conducted on at 12:16 PM, Staff G stated "I administers Resident's #6 medications. I crush her medications."

Interview conducted on . . . . at 12:24 P.M., Administrator stated "We have been administered Resident's #6 medications. I gave a 45 days notice to Resident #6 and her daughter found a new placement. She will be transfer to a nursing home next week."

Class III
Uncorrected

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

Based on record review and interview, the facility failed to ensure that only licensed personnel administered medications for one out of six sampled residents (Resident #6).

Findings included:

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Class III
Uncorrected

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on observation, interview and record review, the facility failed to correct deficiencies regarding medicinal drugs or over the counter preparations. The facility continued to allow unlicensed staff to administer medications to one of six sampled residents (Resident #6). As a result of this uncorrected noncompliance, the facility shall be required to employ the consultant services of a licensed registered nurse who shall provide, at a minimum, onsite quarterly consultation until the agency determines that such consultation services are no longer required.

Findings:

I.

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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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.

II.

Observation on at 12:00 PM showed Resident #6 lying in bed. Her hands appeared to be contracted.

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

Resident's #6 hospice record review showed the Plan of Care done on indicated "Facility staff administers daily oral medications."

Interview conducted on at 12:16 PM, Staff G stated "I administers Resident's #6 medications. I crush her medications."

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placement. She will be transfer to a nursing home next week."

Record review showed that there was no documentation that the facility spoke with the resident's hospice provider to obtain medication administration services from a licensed health care provider employed by them. There was no documentation that any other methods were employed to obtain the needed services ,from a licensed health care provider, for the resident.

Class III