STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911570	**08/02/2017**
NAME OF PROVIDER OR SUPPLIER **OUR DREAM RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1630-1640 PALM AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017 and concluded on , 2017. Our Dream Retirement Home (License #6037) with Limited Mental Health (LMH) component had the following deficiencies identified at time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to maintain an accurate and complete health assessment for one out of 17 residents (Resident #1).

Findings included:

Record Review of Resident #1's file revealed the resident's health assessment was noted "NKA" in the section meaning no known . However, on Resident #1's home health folder noted on a yellow sticker " /alergias ."

During an interview on at 01:27 PM, Staff A along with Staff H stated that they were not aware of Resident #1 had any .

During an interview on at 01:57 Staff I stated, "Resident is to , he told me."

Class III

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

Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, for one out of 17 sampled residents (Resident #2).

Findings included:

Record Review of Resident #2's file revealed Resident #2 went to the hospital on . No other notes were found.

During an interview on on 02:48 PM Staff A went through the file and stated "it is not here, I will make him (Resident #2) sign when he comes back from the hospital."

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During an interview on at 02:52 PM Staff A stated "Resident #2 went to the hospital on the , came back on , and went back on ."

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 doctor's order and signed consent for the use of bed rails for one out of 17 sampled residents (#17).

Finding included:

During tour of the facility on at 9 am, Resident #17's bed was found with half bed rails.

Review of Resident #17's file revealed the facility did not have a signed consent or order for use of half bed rails.

Staff H stated on at 1:14 PM "I called the doctor & he is going to fax the order."

Interview on at 4:30 PM the Administrator confirmed she did not have an consent for bedrails.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conducted two elopement drills per year.

Findings included:

Record review of the elopement book found the last drills documented were in 2014.

Interview on with 11:30 AM the Administrator stated, "They are at home. I can bring them in the morning."

On at 3:30 PM the Administrator confirmed she did not have documentation of the elopement drill.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain daily medication observation records (MORs) for each resident who receives assistance with self-administration of medications or medication administration and to record the medication observation immediately each time the medication is offered or administered for 34 residents. Additionally, the facility failed to have directions for use of each medication written on the MOR as well as on the for three out of three sampled residents (Residents # 4, 5, and 6).

Findings included:

On , record review of the facility's medication book revealed that none of the residents had a signed MOR on file for the month of . Further more, records review of the , MOR revealed that other staff members signed for Resident #6 who self administered .

Moreover, directions for use of medication for Resident #4's , tab 2 mg, Resident #5's Sucralfate tab 1 mg (before meals and at bed time), and Lantus (Glargine Injection) 100 units/ml for Resident #6, were not written on the MOR as well as on their .

On at 11:49 AM, Staff C was observed providing assistance with self-administration of medications and did not update the MOR.

During an interview on at 10:21 AM Staff A stated "they brought the medication late, I did not have time to fix everything for the new month." Staff A added "they brought the medications on Friday ( ); the residents received their medication, but the MOR is not signed yet because I am fixing them now." Then, Staff A stated "medpass is at 8 AM-9 am, 2 PM, 5 PM, and 9 PM."

During an interview on at 2:10 PM Staff A stated "Resident #6 gives it ( ) to himself, we watch him do it, we supervise him."

Class III

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

Based on observation and interview, the facility failed to post current menus that were dated and planned at least 1 week in advance.

Findings included:

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On during the tour, two expired menus in English and in Spanish were observed posted in the dining/common area on which was noted "Effective Date: , , 2016 Expiration Date , , 2017.

During the exit interview on , Staff A stated "we have the menus, we just forgot to post it, I am going to do it now."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to have a signed consent for the assistance with self-administration of medication by unlicensed staff in file for one out of 17 sampled residents (Residents #2).

Findings included:

Record Review of Resident #2' s file revealed the resident did not have a signed consent by the resident for the assistance with self-administration of medication by unlicensed staff on file.

During an interview on 02:48 PM Staff A went through the file and stated "it is not here, I will make him sign when he comes back from the hospital."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to maintain a complete and proper resident contract for two out of two sampled residents (Resident #1 and #2).

Findings Included:

Record Review of Resident #1's file revealed the contract addendum dated was signed by the resident. On the same date a noted was added, it stated, "the current amount that is charged is $757.40 + ACS Service." Resident #1's contract did not have the total monthly rate written. Additionally, the notice of rate increase was issued on for , 2016 and was signed by the resident on . However, according to the facility's policy it stated on the resident agreement "The rate will not be increased without giving a least a 30 days advanced notice in writing."

Record Review of Resident #2' s file revealed there the contract monthly rate was not written on the

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contract signed by the resident on .

During an interview on at 01:02 PM Staff A stated "we don't have policies for increasing rent or rate." She further stated "nobody has ever asked me for that before."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure one out of six sampled staff (F) received the required 3 hours updated on Limited Mental Health training.

Findings included:

The facility's license showed it held a standard license with the Limited Mental Health component.

Record review of Staff F (hired)'s file contained an 8 hours Limited Mental Health (LMH) training dated . The facility did not have the three hour update on file of the LMH training.

Interview on at 3:30 PM the Administrator acknowledged Staff F did not have the 3 hour LMH update training on file.

Class III

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

Based on record review and interview, the facility failed to have a signed attestation of compliance for six of six (#A, B, C, D, E, and F) sampled staff.

Finding included:

Record review of the employee files for Staff #A, B, C, D, E, and F did not have the signed attestation of compliance form in file for review.

Interview on at 3:30 PM the Administrator acknowledge they did not have the Attestation letter in the files, after reviewing the files.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to ensure staff members were registered on employee roster through background screening's clearinghouse.

Finding included:

The background screening database search on found each staff member had a background screening completed. Search of the employee facility roster database found that Staff D was not listed.

Interview on at 3:330 PM with Administrator acknowledge Staff D was not listed on the roster.

Unclassified