

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966965	(X3) DATE SURVEY COMPLETED R 08/22/2017
NAME OF PROVIDER OR SUPPLIER PAULA'S MANSION ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 13206 SW 218 TERRACE MIAMI, FL 33170	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on . Paula's Mansion ALF, license #11071 had the following deficiencies found 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 ensure that one out of seven sampled residents (#7) met continued residency.

Findings included:

On at 9:55 A.M., observed Staff C and E assisting Resident #7 to sit on his bed. Further observations on at 10:05 A.M. found Staff C administering medication to Resident #7 and fed him pure meal.

A review of Resident #7 (admitted on)'s health assessment on revealed that resident was independent with eating and needed supervision with toileting and transferring. Furthermore the health assessment did not reflect what type of assistance Resident #7 needed with medications.

On at 11:47 A.M., the Administrator reviewed the health assessment for Resident #7. The Administrator stated "The physician is the one that completed the health assessment, and he must have omitted to document the type of assistance needed."

Uncorrected Class III

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

Based on observation, record review, and interview, the facility failed to ensure that only licensed personnel administered medications to one out of seven sampled residents (#7).

Findings included:

On at 10:05 A.M., observed Staff C punched a pill from the medication card into Resident #7's hands. Then stated the medication's name, who was seated on his bed and he did not follow the command. Staff C took pill from resident hands and placed the pill into the resident's mouth with her hands. The administrator was standing at # 's door observing med pass.

During an interview on at 10:10 A.M., Staff C acknowledged that she administered medication

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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to resident #7. She stated "I'm not a nurse." Record review showed Resident #7's health assessment dated did not reflect what type of assistance the resident needed with medications. Class III 0095 - Food Service - Contracted Food Service - 58A-5.020(4) FAC Base on observation, record review and interview, the facility failed to have a contract between the facility and the food service contractor. Finding included: On at 12:31 P.M., observed on top of the kitchen counter six white disposable food boxes delivered from a catering company for the residents. Record review showed no documentation that a contract between the facility and the food service contractor was completed. During an interview on at 12:35 P.M., the Administrator stated, "I do not have a contract." Class III		