STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

0000 - Initial Comments

A Monitoring Survey to check on the residents' welfare was conducted on , 2017 and concluded on , 2017. North Miami Retirement Living (AL #5934) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed failed to ensure that one of out three sampled residents met admission criteria (Resident #3).

Findings included:

Record review revealed Resident #3 was admitted to the facility on . Resident #3's health assessment dated revealed the resident required medication administration and required 24 hour nursing or care. Record review on revealed the facility did not have an updated health assessment for Resident #3.

Interview on at 12:55 PM Staff A confirmed the health assessment had not been updated for Resident #3. Staff A stated that the facility was not aware of the information on the health assessment for Resident #3.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have an updated health assessment regarding the residents condition which included for one out of three sampled residents (Resident #2).

Findings included:

Record review revealed the facility documented that Resident #2 had episodes on , , , and there were notes in that stated resident had often. Resident #2's health assessment dated did not document that the resident had a medical history of .

On at 12:55 PM Staff A confirmed that Resident #2 had and stated the health assessment would be updated.

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Class III

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

Based on observations, record review, and interview, the facility failed to contact the health care provider for two out of three sampled residents who had changes in health conditions (Residents #1 and #3. The facility also failed to have written records, updated as needed, of any significant changes, any illnesses that resulted in medical attention, or other changes that resulted in the provision of additional services for two out of three sampled residents (Residents #1 and #3).

Findings included:

1. Observations on from 9:55 AM to 11:25 AM revealed Resident #1 had dark on both of her arms.

Resident #1 stated during the tour the were from bugs that her boyfriend brought to the . She had the for a couple of weeks. She stated that the doctor gave her a cream.

Record review revealed the facility did not have any documentation regarding Resident #1's . The facility's last note regarding Resident #1 was dated . The facility did not have any documentation that Resident #1's health care provider was contacted regarding the .

2. Further observations on from 9:55 AM to 11:25 AM found Resident #3 was not in the facility. Staff stated Resident #3 was in the hospital.

Resident#3's record stated on , the resident was missing from yesterday and that the police were contacted. The notes further stated that the resident was found in the hospital. Facility record revealed Resident #3 was refusing to take medications and went missing on and . Record review revealed the facility did not have any documentation that Resident #3's health care provider was contacted regarding his concerns regarding the medications and leaving the facility without letting staff know where the resident is going.

Interview with Staff A on at 12:55 PM, Staff A stated Resident #3 was in the hospital.

Hospital records revealed Resident #3 was admitted on and discharged on . Resident #3's hospital records revealed the chief complaint, "hospital (patient), been there 4 time in the last month. thinks meds don't work."

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Class III

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

Base on observation and interview, the facility failed to keep medications in a secure place within a of sight of other residents.

Findings Included:

During the facility tour on at 10:07 AM, Tears drop was found unlocked on a nightstand in a shared (#).

During and interview on at 10:18 AM, Staff A acknowledged the medication was unlocked.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Base on record review and interview, the facility failed to have a written statement from a health care provider documenting that one out of five sampled staff does not have any signs or symptoms of communicable and an Evidence of a negative examination documented on an annual basis file (Staff E).

Findings included:

A review of the staff's personnel file on revealed Staff E had a health statement dated in file explaining that a physical examination was performed by a health care provider. There was no statement that Staff E was free of communicable and there was no documentation of a negative statement on the form.

During the exit interview on at 12:18 PM, Staff A stated "they think if the doctor give them a paper it is good, but it is not."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Base on record review and interview, the facility failed to have an updated nutrition and food service training for one out of five sampled staff (Staff E).

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Findings included:

Record review of the staff's personnel file on revealed Staff E had an expired Nutrition and Food training certificate in file dated - .

During the exit interview on at 12:28 PM with Staff A, after going through the staff' personnel file. Staff A stated, "They all received the nutrition training in the beginning of the year, it may be somewhere else."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Base on observation and interview, the facility failed to provide a safe living environment free of hazards for the residents and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. The facility failed to ensure that residents had the required furnishings for each .

Findings included:

On at 10:07 AM during the facility tour, the following were observed: the majority of the armoires did not have handles; broken nightstands and dressers in # , #2, and #7; broken blinds, window screen, and wall; stained sheet; # had a strong odor of feces; minimum to no light in the ; peeling laminate flooring; and a loose mirror in # . A mattress in # was very low and did not appear to meet the required 36 inches wide. # has a hole in the wall and the air conditioning unit in # was not working,

During the exit interview on at 12:28 PM, Staff A stated "we have a list of everything that is needed to be fixed, the maintenance is working on it."

Department of health (DOH) inspections revealed on the facility had a violation, "replace torn window screen..." DOH inspection on had the following violations: broken dresser and acquire non-slip bath maths in all the .

Class III

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0160 - Records - Facility - 58A-5.024(1) FAC

Base on record review and interview, the facility failed to have an updated emergency management plan letter of approval posted.

Findings included:

Record review of the facility's emergency management plan revealed the facility had an expired Comprehensive Emergency Management Plan Letter of Approval dated . . . . . posted.

During an interview on . . . at 10:01 AM, Staff B acknowledged that the letter was expired.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain in file a signed Level II Background Screening Attestation of compliance for one out of three sampled staff (Staff D).

Findings included:

On during the facility's tour at 10:07 AM, Staff D was observed painting one of the facility's

Record review of the staff's personnel file, revealed that Staff D did not have a signed attestation of compliance in file.

During an interview on at 11:27 AM, Staff A stated "I was told that Staff D needed only the background screening."

Unclassified

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

Based on record review and interview, the facility failed to maintain an updated employee roster in the Background Screening (BGS) Clearinghouse Database.

Findings included:

Record review of the facility's staffing pattern revealed that Staff C, hired on , scheduled to work on from 7 AM-3 PM was not listed on the employee roster in the BGS Clearinghouse Database. Furthermore, there were eight other staff members listed on the employee roster in the BGS Clearinghouse who were not on the facility's staffing pattern.

During and interview on at 11:37 AM, Staff A stated "these staff members were transferred to another facility and three of them are no longer working here."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to maintain proper documentation of the results of a Level II Background Screening for one of five sampled staff (Staff C).

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Findings included:

A review of the staff' personnel file revealed that there was no documentation of an Eligible Level II background screening for Staff C, hired on . The documentation found in the record showed the background screening determination as "N/A" with no date.

A review of the Agency for Health Care Administration (AHCA) Background Screening Database revealed that Staff C does not have an eligible BGS as the determination stated "N/A."

During the exit interview on at 12:28 PM with Staff A, staff confirmed the facility did not have an eligible background screening for Staff C available.

Unclassified