STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911390	**08/25/2017**
NAME OF PROVIDER OR SUPPLIER **SYLVIA'S RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1823 NW 94 STREET** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Sylvia's Retirement Home, Inc (license #5887) with Limited Mental Health component had the following deficiencies 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 have a complete health assessment for two of six sampled residents (1 and 2) within the last three years.

Findings included:

Review of Resident #1's health assessment (dated) revealed the resident needed assistance with self-administration of medication and needs medication administration. Record review revealed Resident #2's last health assessment was dated . The facility did not have updated and completed health assessments for Residents #1 and #2.

Interview on at 1:30 pm Staff A stated, "Resident #1 will move from this facility soon, and I will call Resident #2's doctor office to get his health assessment."

Class III

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

Based on observation and interview the facility failed to have sufficient emergency drinking water stored for a census six residents at the time of the survey.

Findings included:

During the tour on at 9:10 am, the facility had four 5 gallons drinking water in the pantry 20 gallons. The facility had a census of six residents and one staff at the time of the survey. The Emergency Management Plan reflected that the facility needed three gallons of water per person per day totalling 54 gallons.

Interview on at 1:00 pm Staff A stated, "The facility had enough water for an emergency, and I have a contract with the company."

Class III

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

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

Facility tour on at 9:10 am revealed the facility had a odor in the of # , # had also a odor; there was a commode, which was not clean. In addition, # had stairs but there weren't safety grab bars for the residents. The to # had a bathtub that was not clean. The backyard did not have appropriate furniture for the residents and had discarded doors in the backyard.

Interview on at 1:30 pm Staff A stated," Resident #4's commode will be replace and kept clean, including the # ."

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to ensure that two of six sampled residents (5 and 6) were listed on the admission and discharge log under the limited mental health services (LMH).

Findings included:

Interview on at 1:30 pm Staff A stated, "We have two LMH residents (5 and 6) in the facility.

Record review revealed the admission/ discharge log did not reflect residents under LMH services.

Class III

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

Based on record review and interview the facility failed to have an initial training for limited mental health for two of four sampled staff (B and D).

Findings included:

Record review of Staff B's (hired) and Staff's D (hired) files revealed the staff did not have limited mental health training at the time of survey.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on at 11:29 am Staff A stated, "I thought only the facility needs to have LMH." Staff A confirmed that Staff B and D did not have limited mental health training on file.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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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 completed attestation forms for staff .

Findings included:

Review of Staff A, B, C, and D records revealed they did not have completed attestation of compliance forms in their records.

Interview on . . . . at 1:30 pm Staff A stated, "I did not notice that they were missing the attestations."

Unclassified

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

Based on observation, record review, and interview the facility failed to maintain the employee roster in the clearinghouse database.

Findings:

Review of the employee roster in the clearinghouse database revealed it was not maintained by the facility.

Interview on . . . . at 11:20 am Staff A stated, "I did not know that I have to take them out of the roster; they stopped working here two years ago."

Unclassified