STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966158	R 09/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADIUVO V	**13232 SW 85 STREET** **MIAMI, FL 33183**

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on . Adiuvo V with license # 10395 had the following uncorrected deficiency identified at the time of the survey:

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

Based on observation, record review and interview, the facility failed to keep residents' weight recorded for one out six sampled residents that receiving assistance with the activities of daily living (#6). The facility also failed to obtain a written physician's order for use of half bed rails for one out of six sampled residents (Resident #6).

Findings included:

1)
A review of Resident #6's record revealed that there was no documentation of a current health assessment. The resident demographic information sheet dated had no weight documented at the time of the admission.

During a phone interview on at 11:51 A.M., the Administrator stated "Resident #6 was admitted on Sunday and I was not in the facility to weight her." The Administrator acknowledged that the deficiency was not corrected.

2)
Observation on at 11:10 A.M. in # showed Resident #6 in bed asleep. The bed had half bed rails attached on both sides.

A review of Resident #6's record revealed that there was no physician's order for the use of half bed rails.

During a phone interview on at 11:51 A.M., the Administrator stated "I had with me the physician's order for the use of half bed rails for Resident #6. I can fax it to you."

Uncorrected
Class III