STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	**10/02/2017**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **13025 NW 2 AVENUE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on , 2017 (Lic# 11684). Caring Hands Assisted Living II had deficiencies found at time of the survey:

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

Based on record review and interview the facility failed to provide documentation of an accurate health assessment for one of four sampled residents (Resident # 1).

Findings included:

Record review revealed that Resident #1's file stated, "Supervision for eating." In addition, it reflected that Resident #1 needed assistance with self- administration of medication.

Interviewed on at 10:34 am Staff B stated, " I have to feed Resident #1, he's had a change in his health; he is not able to eat by himself. He is 'total', and he needs administration of medication."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on interview and record review the facility failed to provide documentation of collaboration with a third party (Hospice) for the services provided to one of four sampled residents (#1) .

Findings included:

Observation on at 10:00 am revealed that Resident #1 was bed bound.

Record review revealed that there was no documentation of an updated care plan for Resident #1, and there was no updated information in the file about the resident's care.

Interviewed on at 1:30 pm, the Hospice nurse stated, "The new care plan is not in the file, I have to put a new plan, I just recently have this case, I have to speak with my supervisor. The facility's staff cannot administer medication for Resident #1, but we are not providing the medication either. I have to speak with my supervisor."

Class III

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	AL11967685	10/02/2017
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SUMMARY STATEMENT OF DEFICIENCIES
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0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and record review, the facility failed to ensure that licensed personnel administered medications to one of four sampled residents (Resident #1) .

Findings included:

Observation on at 1:30 pm revealed that the Medication Observation Record (MOR) for Resident #1, signed by Staff B and C, listed the following medications:

5 mg, Aspir-Low 81 mg, 1000, 0.4 mg , , 250 mg and , Succ ER 25 mg (morning time)

, 250 mg and 1000 (night time)

A review of Resident #1's health assessment showed that the resident needed supervision for eating and assistance with self- administration of medication.

Record review revealed that Resident #1's hospice record did not shgow that he was receiving administration of medication from hospice.

Interviewed on at 10:34 am, Staff B stated, " I assist with medications daily. I provide Resident #1's medications daily, too. I crush his medication and pour in an applesauce. He is total; he needs total assistance."

Interviewed on at 1:02 pm by phone Staff C stated, " I assist residents with medications, too. I provide the medications to all the residents here including Resident #1. I crushed the medication; I pour it in the applesauce. I used a spoon to give it to him. I mostly provide his evening medication at 6 pm.

Interviewed on at 1:30 pm, the Hospice nurse stated, "The new care plan is not in the file, I have to put a new plan, I just recently have this case, I have to speak with my supervisor. The facility's staff cannot administer mediation for Resident #1, but we are not providing the medication either. I have to speak with my supervisor."

Class III

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

Based on observation, record review and interview the facility failed to have a doctor's order to crush

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

medications for one of four (Resident #1) sampled residents. The facility also failed to have accurate weight information for one of four (#1) sampled residents.

Findings included:

Observation on at 11:00 am revealed medication crushing equipment stored with Resident #1's medications.

Record review revealed that there was no documentation of a doctor's order to crush Resident #1's medications. Further review of the record showed that Resident #1's last weight information was dated .

Interviewed on at 10:34 am Staff B stated, "I assist with medications daily. I provide Resident #1's medications daily, too. I crush his medication and pour in an applesauce. He is total; he needs total assistance."

Interviewed on at 1:02 pm by phone Staff C stated, "I assist residents with medications, too. I provide the medications to all the residents here including Resident #1. I crushed the medication; I pour it in the applesauce. I used a spoon to give it to him. I mostly provide his evening medication at 6 pm. "

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to provide documentation that the emergency management plan was reviewed annually.

Findings included:

Record review revealed that the facility did not have current emergency management plan submitted and/or approved annually yet. The last letter of approval dated on .

Interview on at 11:00 am Staff B confirmed that the Emergency Management Plan was not updated.

Class III