| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911034** | **10/13/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**RENACER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**115 WEST 5 STREET**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Renacer with Limited Mental Health component, License #7592, had deficiencies found at time of the survey.

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

Based on observation, interview, and record review, the facility failed to obtain an updated health assessment which accurately reflecting what type of assistance the resident's needs with medications for one out of eleven sampled residents. (Resident #2).

Findings included:

On at 1:40 P.M. observed Caregiver H placed small disposable cup with medicine to Resident #2's mouth.

During an interview on at 12:17 P.M., the administrator stated "hospice administered medication to Resident #2 daily two times a day and one time is done by staff.

Review of Resident #2's record revealed that the last health assessment was completed on showed that resident needed assistance with self-administration of medication.

Class III

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

Based on observation, interview, and record review, the failed to have a licensed staff member administer medications for one out of eleven (Residents #2) sampled residents.

Findings included:

Review of Resident #2's file revealed the health assessment (AHCA form 1823) dated documented the resident needed assistance with medication.

Observation on at 1:40 PM found Resident #2 was lying in her bed. Staff H placed one tablet of in a cup, explained medication to the resident, and placed the cup into the resident's mouth. Then the staff took a glass of water and placed it into the resident's mouth.

Interview conducted on at 12:17 PM, the Administrator stated, "Hospice administer Resident

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SUMMARY STATEMENT OF DEFICIENCIES
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#2's medications two times every day. We administer her medications at 2:00 PM because hospice refused to do it. Staff H is an unlicensed staff."

Class III

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

Based on record review and interview, the facility failed to provide evidence of a negative . . . . . examination on an annual basis for one out of eleven (Staff B) sampled staff.

Findings included:

Record review revealed Staff B's last statement was dated .

Interview conducted on at 1:10 PM, the Administrator stated that she did not have Staff B's annual documentation of freedom from . . . . . in the employee file.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, record review, and interview, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observation on at 8:40 AM showed Staff B, J, and H were in care of the residents and providing personal services to them.

On . . . . at 9:00 AM during the tour observed the staff schedule for the week . . . . . to .

Interview conducted on at 1:00 PM, the Administrator acknowledged that current staff schedule was not posted.

Class III