| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967700 | R<br>11/06/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENCIA MARBELLA ALF CORP.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**19807 NW 86 COURT**<br>**MIAMI, FL 33015** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey was conducted on 06, 2017. Residencia Marbella ALF Corp (Lic #11698) had deficiencies identified at time of 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 have an accurate health assessment for 1 out of 6 sampled residents who received care and had changes in diet and activities of daily living (Resident # 1).

Findings included:

Observation on at 11:25 am showed Resident #1 was sitting on a recliner. She had her feet up with a chair under the recliner to the foot holder. Therefore, Resident #1 could not stand up or come down of the recliner. In addition, Resident #1 had a belt around her waist and it was locked at the back of the recliner. Resident #1 could not undo the belt.

Record review revealed Resident #1's health assessment (dated on ) stated, "Lower legs , wheelchair to bed and transferred with human assistance. or behavioral status as advanced , mental status and needs assistance with activities of daily living. Food is normal and no pressure sores." However, a doctor order (dated ) stated that Resident #1 had a pure diet per and she had a .

Resident #1's home health record showed a communication log from to that reflected the daily visit for care. Resident #1's home health care admission was on .

Observation on at 12:00 pm revealed Resident #1 ate pure and Staff C fed her.

Interview on at 11:25 am Staff B and C stated, "We put Resident #1 feet up and a belt around her waist to prevent for her to move toward the front. Staff B and C also stated, "She can not walk or stand up.

Interview on at 12:30 pm Staff A confirmed Resident #1's health had deteriorated, and she no longer met criteria to live in the facility. Staff A confirmed that Resident #1 can not ambulate and/or transfer. Staff A stated, "I have to talk with her family."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967700 | R<br>11/06/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENCIA MARBELLA ALF CORP.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**19807 NW 86 COURT**<br>**MIAMI, FL 33015** | |

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

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

Based on record review and interview the facility failed to provide written information of significant changes that ended in hospitalization for one of six (#1) resident sampled.

Findings included:

Record review revealed Resident #1's progress notes from to did not reflect information of any hospitalizations.

Interview on at 12:00 pm Staff A stated, "Resident #1 went to the hospital because she did not want to eat." Staff A also stated, "I did not notice that I did not write Resident #1's hospitalization information."

Class III

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observation and interview the facility restrained one of six sampled residents on a chair with a belt for one out of six sampled (#1).

Findings included:

Observation on at 11:25 am showed Resident #1 was sitting on a recliner. She had her feet up with a chair under the recliner to the foot holder. Therefore, Resident #1 could not stand up or come down of the recliner. In addition, Resident #1 had a belt around her waist which was locked at the back of the recliner. Resident could not undo the belt.

Interview on at 11:25 am Staff B and C stated, "We put Resident #1 feet up and a belt around her waist to prevent for her to move toward the front. Staff B and C also stated, "She can not walk or stand up.

Interview on at 12:30 pm Staff A confirmed that Resident #1's health had deteriorated, and she no longer met criteria to live in the facility. Staff A stated, "We put on her waist the belt to prevent her to toward the front. In addition, Staff A confirmed that Resident #1 can not ambulate and/or transfer. Staff A stated, "I have to talk with her family."

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967700 | R<br>11/06/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RESIDENCIA MARBELLA ALF CORP.** | **19807 NW 86 COURT**<br>**MIAMI, FL 33015** |

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

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

Based on observation, record review, and interview the facility failed to coordinate with a Home Health Agency, who was providing care in the facility for one of six (#1) sampled residents.

Findings included:

Observation on at 11:20 am revealed Resident #1 had her left foot covered with dressing.

Record review revealed that Resident #1 did not have documentation of care such as measurement and stage of the .

Interview on at 12:00 pm Staff A revealed that Resident #1 received home health care for a at the heel of the left foot.

Phone interview on at 1:08 pm a home health nurse stated, "I will send the information of the measurement, stage and care services.

Record review revealed that home health record stated, "Left heel and left dorsal foot: length as 5 cm x 0.1 cm, width as 3 cm x 0.1 cm and depth as 0.2 cm.

Class III

**0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC**

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility. The Administrator supervised two facilities.

Findings included:

A review of facility files revealed there was no documentation in writing verifying the appointment a manager. A review of the heath finder database showed the Administrator supervised two assisted living facilities.

During an interview on at 12:10 pm Staff A acknowledged that she was the administrator of two facility; however, Staff D took the CORE test, and it was waiting on response.

Class III