STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910988	**02/01/2018**
NAME OF PROVIDER OR SUPPLIER **APOSTALADO HOME #3, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13510 SW 79 STREET** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . Apostalado Home #3, Inc License #5121 had the following deficiencies found at the 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 an updated health assessment by a healthcare provider after a significant change for 1 out of 3 sampled residents (Resident #1).

Findings included:

A review of Resident #1's file showed the resident was admitted on . A health assessment dated showed Medical History and Diagnoses: Anorexia, . Physical Sensory limitations: Gait Disturbance. or behavioral status: Memory loss. Nursing/Treatment/ service requirements: As needed. Per health assessment the resident is not an elopement risk. The resident needed assistance with all activities of daily living. The resident needed assistance with self-administration of medication. Further review of resident's file revealed there was no documentation the resident was under hospice services.

On at 12:01 PM, Resident #1's son stated "She is not able to walk, she can transfer with the help of the staff. As soon as she gets up in the morning they sit her in the recliner and she sits there all day."

On at 12:16 PM, observed Staff D feeding Resident #1. The resident was unable to grab the spoon.

On at 12:16 Staff D stated "Resident #1 is not able to grab the spoon or walk, she is usually transferred from chair to chair or to bed because she is unable to stand or walk."

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the correct procedure as outlined in

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section 429.456 of Florida Statutes, when assisting 1 out of 1 sampled resident with self-administration of medications (Resident #3).

Findings Included:

On at 11:53 AM Observed Staff C did not ensure the resident took the medication. The medication was left unattended in front of the resident.

On at 12:12 PM Staff C Stated "I leave the medication there, because Resident #3 will drink the medication at her own pace. I know she always drinks the medication because I will come back to check on her and make sure she did."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to have medication locked all the times. The facility failed to discard medications for 1 out of 7 sampled residents (Resident #7).

Findings included:

On at 9:58 AM, observed in a small refrigerator in the corner two comfort kits. The refrigerator was unlocked, and it had a comfort kit for Resident #7 and Resident #1, and Voltarem cream for Resident #5. Observed comfort kit for Resident #7 included: Proclorperazine 10 MG, 1 MG, 100 MG, 10 MG, 0.125 MG, 2 MG, 650 MG.

On at 10:00 AM Staff C stated "Those kits belong to the residents. One of them belongs to a resident that was discharged and the other one belongs to the hospice resident. I do not know how to discard them. I was going to call hospice so they can tell me what to do with them."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure that one out of five sampled staff have a completed employment application with a hiring date.

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Findings included:

A review of Staff E's employee file revealed there was an application without a hiring date.

On [redacted] at 10:30 AM, Staff E stated he informed he has been working in the facility for a few weeks and his schedule is from 7:00 PM to 7:00 AM.

Class III

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

Based on record review and interview, the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of two sampled residents (Resident #2).

Findings included:

Review of Resident #2's record revealed the resident's son signed the contract (Resident agreement) on [redacted]. There was no documentation of a Power of Attorney, Health Care Surrogate, or Guardianship order in the file at time of the survey.

On [redacted] at 1:45 PM During exit interview the administrator acknowledge deficiencies found.

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview the facility failed to provide a current satisfactory health department inspection.

Findings included:

A review of the facility's bulletin board revealed the last health inspections was completed on [redacted].

On [redacted] at 10:10 AM Staff C stated "We have the health inspection current, we have not received the copy but we have it."

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On [redacted] at 10:12 AM observed Staff C showed a copy of the current satisfactory health inspection dated [redacted] via electronic device.

Class III

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

Based on record review and interview the facility failed to provide documentation of an updated Emergency Management Plan submitted and approved by the local agency.

Findings included:

Record review showed that the facility's last Emergency Management Plan approval letter was dated [redacted].

On [redacted] at 11:30 AM Spoke to Administrator via telephone, she informed she had submitted emergency plan on [redacted] and she was waiting for the approval, however no documentation of the submission was provided.

Class III

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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 maintain documentation of an eligible Level II Background Screening in the employee's file for one of five sampled staff (Staff B).

Findings included:

A review of Staff B's employee file revealed the staff was hired on [redacted] and there was no documentation of an eligible Level II background screening in the file.

A review of Staff B's background screening result in the Clearinghouse database revealed that her last screening was performed on [redacted].

On [redacted] at 10:00 AM Staff C stated "No Staff B's background screening is not in the file, I have to call her to know where it is."

Unclassified