STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911664	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **MAYLU RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4751 NW 4TH TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Maylu Retirement Home with Limited Mental Health component (license #7716) had the following deficiencies found at the time of the survey:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for 2 out of 12 sampled residents (Resident #3 and 5).

Findings included:

On at from 9:42 AM to 10:05 AM resident interviews revealed the facility was the payee for Resident #3 and #5. Their monthly payments went directly to the facility's bank account.

On . . . . at 11:00 AM the Administrator stated the facility does not have a surety bond.

Record review revealed the monthly payments for the two residents. Resident #3 paid $755.00 and Resident #5 paid $758.00.

Class III

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

Based on record review and interview, the facility failed to ensure that the health assessment (AHCA form 1823) for 2 out of 11 sampled residents were updated (#9 and 10).

Findings include:

A review of Resident #9's health assessment dated revealed the resident's activities of daily (ADLs) for ambulation, bathing, dressing, eating, ... toileting, and transferring were marked as needs assistance and eating-independent. Also, special diet instructions were low fat/low and needed assistance with self-administration of medication. .

Observations during the survey revealed Resident #9 was given a puree diet, was total for ADLs, and needed medication administration.

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of resident #10's health assessment dated . . . . . revealed the resident's ADLs for bathing, dressing, eating, ب ب, toileting, and transferring were marked as needs assistance and eating-independent. Also, special diet instructions were low fat/low . . . . . and needed assistance with self-administration of medication.

Observations during the survey revealed Resident #9 was given a puree diet, was total for ADLs, and needed medication administration.

On . . . . . at 1:15 PM Caregiver B stated that she was going to informed this to the Administrator and that she was going to call the doctor's office to have an up dated health assessment.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to have resident's contract signed by the resident or representative for one out of 11 sample residents (#11).

Findings include:

Record review of resident #11's revealed that resident agreement and other admission forms were not signed either dated by resident's or representative.

On . . . . . at 12:00 PM Caregiver C stated that she knew that the Administrator had done new contracts this month but the son of this resident has not come by the facility that was the reason why the contract was not signed.

Class III