

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966075	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER NONNA GLORIA, ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12748 NW 98 COURT HIALEAH, FL 33018	

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

0000 - Initial Comments

A standard biennial survey was conducted on 01/22/2018. Nonna Gloria ALF, Inc. (Lic# 10339) with Limited Mental Health component had the following deficiencies identified at time of the survey:

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain a medication observation records (MORs) for one of six (#4) sampled residents for each time the medication is taken.

Findings included:

Record review revealed Resident #4's MOR had 300 mg for 12:00 pm.

Interview on 01/22/2018 at 10:55 am Staff A stated, "The pharmacy did a mistake, she always takes that medication at 8:00 am, I call and let them know, they need to send me the update medication observation record page." Resident #4 took the medication at 8:00 am. The MOR did not reflect information of the change of medications.

Class III

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

Based on record review and interview the facility failed to have an accurate health assessment for one of six sampled residents (Resident # 6). The facility also failed to have power of attorney (POA), Surrogate, or Guardianship documentation for one of six residents (#3) sampled.

Findings included:

1) Observation on 01/22/2018 at 12:00 pm revealed Resident #3 needed assistance from Staff D to ambulate and transfer to a chair. In addition, Staff D fed lunch to Resident #3.

Record review revealed Resident #3's health assessment (dated 01/15/2018) stated, "Independent eating and supervision on ambulation and transferring."

Interview on 01/22/2018 at 12:00 pm Staff A stated, "Resident #3 changed in the last weeks; she will see the doctor soon to put her changes on the health assessment."

**AGENCY FOR HEALTH CARE
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2) Record review revealed Resident #3's family member signed a consent () for the use of half bed rail without a POA, Surrogate, or Guardianship on file. Interview on at 11:30 am Staff A stated, "I will ask the family member to bring the POA." Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview the facility failed to have an initial training of 6 hours for limited mental health for one of four sampled staff (B). Findings included: Record review revealed Staff B (hired) did not have initial limited mental health training available in his file. Staff B only had a 3 hours (update) training dated on . Interview on at 11:29 am Staff A stated, "I thought he had his initial mental health training on file. I have to call the school, they probably will have a copy of the certificate. And if they do not have it, I will send him to take the training again." 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 have a background screening on file for one of four sampled staff (D) Findings included: Record review revealed Staff D did not have a copy of a background screening in her file . Interview on at 1:30 pm Staff D confirmed that Staff A did not have a print out of her background screening in her file. In addition, Staff A stated, "I review Staff D background screening, but I could not print it; I am having problem with my printer. I will go to the Public Library to print Staff D's background screening." Unclassified		