

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910997	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER NIGHTINGALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139	

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. Nightingale Manor (AL #4687) had deficiencies identified at the time of the survey:

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

Based on observation and interview the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications 2 out of 8 sampled residents (#3 and #4).

Findings included:

On 01/22/2018 at 12:25 PM observed the assistance with self-administration of medications for Residents #3 and #4. Staff B failed to mention the name of the medications to the residents.

On 01/22/2018 at 3:35 PM during the exit conference Staff B stated, "You are right."

Class III

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

Based on record review and interview the facility failed to have a copy of the job description in file for 13 sampled staff (Staff I and Staff J).

Findings included:

Review of the facility in the Health Finder database revealed the facility was licensed for 30 beds.

A review of the facility's personnel records revealed that Staff I and Staff J did not have a job description in file.

During the exit interview on 01/22/2018 at 3:31 PM, Staff B acknowledged that Staff I and Staff J did not have a job description in file and stated "I will update that."

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910997	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER NIGHTINGALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
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: On at 9:10 AM upon arrival to the facility there were three staff present, Staff B, Staff E and Staff D who was the cook. Review of the staffing schedule revealed the Administrator was listed to work from 8:00 AM to 4:00 PM. The Staff B stated on at 9:20 AM that the administrator was on her way. The administrator arrived at 10:25 AM. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to provide a safe living environment free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings included: On at 09:25 AM during the facility's tour observed # with broken closet doors, # 's ceiling appeared to be leaking, # 's ceiling appeared to be leaking and had dark stain, # had a strong odor, # 's ceiling appeared to be leaking and had peeling paint, and the kitchen's ceiling had peeling paint as well. During an interview on at 3:31 PM Staff B stated " I started the process to fix the facility already. I am waiting for the company to give me the estimate." Class III 0162 - Records - Resident - 58A-5.024(3) FAC Base on record review and interview the facility failed to maintain a completed demographic data sheet for one out of eight sampled residents (Resident #2).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910997	(X3) DATE SURVEY COMPLETED 01/22/2018
NAME OF PROVIDER OR SUPPLIER NIGHTINGALE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1753 MICHIGAN AVENUE MIAMI BEACH, FL 33139	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: Resident #2 did not have an emergency contact listed on the demographic data sheet. During an interview on at 01:10 PM, Staff B stated "the emergency data sheet was at the older building." Staff B then printed an emergency demographic sheet and placed it in Resident #2's folder. Class		