STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	R 01/31/2018
NAME OF PROVIDER OR SUPPLIER **CELENA'S SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10601 SW 142 AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Monitoring Revisit Survey to check on residents' wellness was conducted on , 26, 2018 and concluded on , 31, 2018. Celena's Senior Care with the Limited Mental Health component, file #11966160 had the following deficiencies identified at the time of survey:

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

Based on observation, interview, and record review, the facility failed to provide a safe environment free from and neglect, and failed to ensure that two out of six sampled residents residents were treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy (Residents #1 and #3). The facility failed to limit the use of physical to half-bed rails for two out of six samples residents (Residents #2 and #4).

Findings included:

Observation on at 5:55 A.M. revealed Residents #1 and #3 were in bed sleeping in # . On at 9:45 A.M. a second tour of the facility was conducted in # with the Administrator. Agency staff heard a noise in the opened the closet doors but the Administrator blocked the access to the closet. The clothes hanging from the closet were moved and observed a person hiding in the closet (Staff F).

Record review showed Staff F did not have a personnel record for review at the facility including a level 2 background screening.

On at 9:46 A.M. Staff F stated during an interview, "I am visiting the country. I arrived on . I am visiting my husband. I do not have a social security number. I slept here yesterday. I hid in the closet when you arrived because I was scared."

On at 9:55 A.M. the Administrator stated during an interview, "Staff F is not a facility staff. She is my friend and I allowed her to sleep in the facility yesterday. I thought she left today in the morning."

at 11:30 A.M. meeting with Staff C revealed, "Staff F had been working in the facility for at least one week. I couldn't talk when I was interviewed at the facility."

Staff F was observed during the survey in the facility with residents. Resident's record review showed the following:

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident #1 was admitted on , the health assessment dated showed a medical history of ; (-2); , ( ); , and precautions.
The resident needed assistance with all the activities of daily living (ADLs).

Resident #2 was admitted on , the health assessment dated showed a medical history of ; , ( ); , ( ); ; , , ( ); (II); , ( ). The resident needed assistance with ambulation, bathing, dressing, self-care, toileting, transferring and supervision with eating.

Resident #3 was admitted on , the health assessment dated showed a medical history of , OA, , , ( ).He has precaution and needed assistance with ambulation, bathing, dressing, self-care, toileting, transferring and supervision with eating.

Resident #6 admitted on , showed health assessment dated showed a medical history of , Legally ; (II); , (; , ( ). The resident had precaution and needed assistance with all ADLs.

2) On at 5:56 A.M. observed in # , Resident #2 in bed asleep with a plastic bed rail blocking the resident from getting out of bed. Staff C stated, "We place that rails to prevent her from a , we remove it for her."

Further observation in # found Resident #4 in bed and had a sofa place in front of her bed blocking the resident from getting out of bed. on at 5:58 A.M. Staff C stated, "her bed rails broke yesterday and I put the sofa to prevent a , she can't remove it on her own".

Resident #6's record did not contain a physician's order for the use of bed rails.

On at 6:24 A.M., Administrator stated, the half bed rails for Resident #4 broke yesterday and we put a sofa at the sided of the bed. At 6:34 A.M. Administrator stated that Resident #2 had half bed rails order but her daughter want her to use that bed rails so she cannot or hit herself.

Uncorrected Deficiency
Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **CELENA'S SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10601 SW 142 AVENUE** **MIAMI, FL 33186**	

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

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, interview, and record review, the facility failed to provide documentation of an up-to-date admission and discharge log listing the names of all residents for one out of seven sampled residents (Resident #7) .

Findings included:

Review of admission and discharge log showed that Resident #7 was not included.

Resident #7's record review showed that Resident #1 was admitted on and discharged on .

On at 9:55 AM, Administrator stated, "Resident #1 was not admitted in the admission and discharged log because we found a new facility for him and his family wanted to transfer him to the new facility."

Class III
Uncorrected Deficiency