STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	R 01/31/2018
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial 3rd Revisit Survey was conducted on 01/31/2018. Guardian Elder Care services, Inc (license #10322) had the following deficiencies identified at 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 ensure the appropriateness of continued residency for one six sampled residents (Resident #1). The facility also failed to obtain an updated health assessment (AHCA form 1823) that reflected a significant change in condition for Resident #1.

Findings included:

Observation on at 9:45 a.m. showed Resident #1 lying in bed. Her feet appeared to be contracted.

Resident #1's health assessment dated review showed the resident needed assistance with all the activities of daily living (ADL). and needed 24 hour supervision. The resident was not under Hospice care and she was receiving Home Health services for care.

On at 9:45 Staff stated that Resident #1 was not ambulatory since she came back from hospital, where the resident had been for an ( ). Staff B stated that the resident's condition had declined . Staff B said that she fed the resident and had to administer medications to her because the resident was unable to assist in the process. Staff B stated that the the resident's appetite had decreased. Staff B stated that Resident #1 had an on her and on her right foot, and that she received daily care from the home health staff.

On at 10:40 a.m., an RN who takes care of resident from a Home Health Agency she stated Resident #1 was admitted to the home health on , for care. She stated that Resident #1 had a Hip , and a redness on the left hip. She further stated that she cares for the resident daily. She stated the resident was declining because of her .

On at 11:00 a.m. the Administrator stated that Resident #1 had declined in her health condition and was not ambulatory, She further stated that she would place resident under Hospice care.

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

uncorrected
Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and record review, the facility failed to ensure that only licensed personnel administered medications to one out of six sampled residents (Resident #1).

Findings included:

Observation on at 9:45 a.m. showed Resident #1 lying in bed. Her feet appeared to be contracted.

On at 9:45 Staff B stated that Resident #1 had not been not ambulatory since she came back from hospital. She stated that resident's health had declined. She said that staff fed the resident and had to administer medications to her because she was unable to assist in the process.

A review of Resident #1's health assessment dated showed that it did not specify type of assistance the resident needed with self-administration of medication.

A review of personnel records showed that none of the staff were licensed as nurses or other discipline able to administer medication.

On at 11:00 a.m. the Administrator stated that Resident #1 would place resident under Hospice care.

Uncorrected
Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on observation, interview and record review, the facility failed to correct deficiencies regarding medicinal drugs or over the counter preparations. The facility continued to allow unlicensed staff to administer medications to one of six sampled residents (Resident #1). As a result of this uncorrected noncompliance, the facility shall be required to employ the consultant services of a licensed registered nurse who shall provide, at a minimum, onsite quarterly consultation until the agency determines that such consultation services are no longer required.

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NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

Findings:

Based on observation, record review and interview, the facility failed to obtain an accurate health assessment (AHCA form 1823) that reflected a significant change in condition for one out of six sampled residents (Resident #1).

Findings included:

Observation on at 9:45 a.m. showed Resident #1 lying in bed. Her feet appeared to be contracted.

Resident #1's health assessment dated review showed the resident needed assistance with all the activities of daily living (ADL), and needed 24 hour supervision. The resident was not under Hospice care and she was under Home Health care for care. The assessment did not specify type of assistance resident needed with self administration of medications.

On at 9:45 Staff B stated resident was not ambulatory since she came back from hospital. She stated that she had declined in her condition. She said that staff feed resident and had to administer medications to her because she was unable to assist in the process.

A review of personnel records showed that no staff were licensed to provide medication administration.

On at 11:00 a.m. the Administrator stated that she would place Resident #1 under Hospice care.

Class III