STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967145	01/31/2018
NAME OF PROVIDER OR SUPPLIER **AVILES FOREVER CARE OF MIAMI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9365 SW 36 STREET MIAMI, FL 33165**	

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

0000 - Initial Comments

A Abbreviated Biennial Survey was conducted on , 2017. Aviles Forever Care of Miami Inc. (License # 11245) had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to provide a complete health assessment for one out of 6 sampled residents (Resident # 1). The facility also failed to obtain a new face to face medical examination after a significant change, and failed to provide documentation of a hospice physician's order for full bed rails for 1 out of 6 sampled resident (Resident # 5).

Findings included:

1)
Review of Resident # 1's record revealed that the resident was receiving hospice services since . The last health assessment was completed on and stated that the resident required total assistance with activities of daily living, medication administration and is under hospice services. The type of assistance needed with transfer was not specified and the nursing/treatment/ section had been left blank.

On the Administrator stated at 12:05 PM that Resident # 1 required medication administration. She further stated that when Resident # 1 was admitted, she was still able to stand up and assist with transfer with the help of 2 persons but she was already declining and refused to get out of bed and her niece decided to place her on hospice.

2)
A review of Resident # 5's record revealed that the resident was receiving hospice services since . The last health assessment was completed on prior to the resident being admitted to hospice and did not reflect the changes.. At that time the resident required assistance with ambulation, bathing, dressing, and transferring and supervision with eating and toileting.

On at 11:20 AM the Administrator stated that the resident was not able to ambulate but was able to assist with transfer, required supervision with eating, was able to assist with dressing and and required total assistance with bathing and was .

On at 12:10 PM observed Resident # 5 eating lunch in her she was also observed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967145	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **AVILES FOREVER CARE OF MIAMI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9365 SW 36 STREET** **MIAMI, FL 33165**	

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

talking to her friend and reading.

3)

On at 9:02 AM observed Resident # 5 laying in bed with full side rails up.

Record review of Resident # 5 revealed that she is receiving hospice services since ; revealed that a prescription for full side rail was written by her hospice's physician on ; there was no consent for full side rail.

On the administrator stated at 11:35 AM, "I do not have it."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967145	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **AVILES FOREVER CARE OF MIAMI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9365 SW 36 STREET** **MIAMI, FL 33165**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain an updated staff roster within the background screening clearinghouse for 3 out of 5 sampled staff (Staff C, D and E).

Findings included:

A review of the clearinghouse database revealed the facility's roster was not up-to-date, Staff C was hired on . . . . and Staff D was hired on . . . . . They were not listed on the roster. Staff E was listed on the roster but she was not listed on the facility's schedule.

On at 12:25 PM the Administrator stated that Staff E has no worked at the facility for a few months and that she will update the roster.

Unclassified