STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968214	**02/02/2018**
NAME OF PROVIDER OR SUPPLIER **CLARY'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 SW 17 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted from to . Clary's ALF Corp with Limited Mental Health (LMH) component, license # 12152 had the following deficiencies identified at the time of 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 out of six sampled residents (Resident #2).

Findings included:

During a tour of the facility on at 8:45 AM, Resident #2 was observed in # lying in bed, per Staff B resident received hospice care.

On during lunch at 12:30 P.M., observed that Staff B took Resident #2 food tray to her a bowl of puree and a glass that contained water, staff stated " I add a thickener". Staff held the resident's hand and place the spoon into resident hands, resident was not able to hold the spoon. Staff B stated, I'm assisting her to hold the spoon.

On at 12:32 P.M., staff stated "I'm holding the spoon because she is not able to hold it in her own".She stated, "I do assist resident in the same way with her medications because hospice does not want to provide administration of medication to her".

Record review showed that Resident #2's was admitted on had health assessment dated with the following diagnoses: ; with behavioral disturbance; , ( ); , ( ), lactose for , . Resident #2's physical and sensory limitations were bed bound and contractedness to lower extremities, she needed total care with all activities of daily living and medication administrations

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation an interview, the Assisted Living Facility failed to keep medication locked at all times.

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Findings included:

Observation on . . . . . at 9:20 AM revealed that there was inside the refrigerator door an unlocked medication for Resident #6, medications list were: Lantus 100 unit; Lantus 10 unit and 100 unit.

On at 9:23 A.M., the owner and Staff B stated that the belonged to Resident #6 and it was there because the resident was discharged and the nurse left it unlocked.

Class III

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

Based on record review and interview, the facility failed to have a current Emergency Management Plan.

Findings included:

Record review showed that the posted Emergency Management Plan was dated .

On at 11:53 A.M., the facility Owner stated, I will send a copy that a check was clear from my bank account.

Record review showed that documentation of the Emergency Management Plan's submission was never received.

Class III

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

Based on record review and interview, the facility failed to provide documentation that one out of six sampled residents gave consent of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney.(Resident #2).

Findings included:

Record review showed the contract between Resident #2's and the facility was signed by a family member. The documentation found in her file revealed that the resident did not give a consent or signed a self-appointment of designated representative document dated .

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

On [redacted] at 10:21 A.M., the owner stated "Resident #2 cannot give a consent for her medical condition, and this is her son".

Class III