STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966656	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **IVE HOME II ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **22636 SW 125 AVENUE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . . Ive Home II ALF with a Limited Mental Health component, Licensed #10826 had the following deficiencies identified at the time of the survey:

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

Based on record review, observation and interview, the facility failed to have a licensed staff administering medication to 1 out of 2 sampled residents (Resident #1).

Findings included:

A review of Resident #1's file showed health assessment dated . . showed the resident needs assistance with self-administration of medications.

On . . at 7:06 PM observed Staff E assist Resident #2 with medication. The staff put gloves on, from the medication . . packet she placed the medication in a small plastic cup. She stated the name of the medication to the resident. The resident was unable to grab the medication cup. The staff grabbed the medication cup and put the medication in the resident's mouth.

On . . . . . at 7:06 PM Staff B stated "Resident #1's health has been declining and it is becoming difficult for her to grab things. I will have the doctor evaluate her for hospice and update her health assessment."

Class III

0082 - Training - / . - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation the staff received the training on / . for one out of six sampled staff (Staff F).

Findings included:

Record review revealed Staff F was hired on . . . . . and there was no documentation that the staff had received / training.

On . . at 1:00 PM Staff B stated "I know she took the training, her certificate must be

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misplaced."

Class III