STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Complaint survey (# 2018000025) was conducted in conjuction with a Standard Biennial Revisit survey from 01/31/2018 to 03/19/2018. Davisitos 2 Inc. with standard license (AL 12445) had the following deficiencies identified at the time of the survey:

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

Based on observation, record review and interview, the facility failed to ensure that 1 of 7 sampled residents was treated with consideration and respect and with due recognition of personal dignity (Resident 1). Resident 1 was taken out and walked two female staff away from the facility in very cool weather before 6:00 am. The staff persons were unqualified due to the absence of identification , background screening or training documents, and the facility was over its licensed capacity of six residents. The facility also failed to ensure that four of seven sampled residents were free of any device which limited restricted their movement (Residents #2,3,4 and 7)

Findings included:

1)

Observed on , 2018 at 5:53 am, two females dressed in health care worker uniforms ('Scrubs') and one elderly woman dressed with a hooded sweater and hood and shorts leaving from a side or back door of the facility. A review of weather data for the area showed that the outside temperature in South Florida at the time was 50 F. A review of weather data from the national weather service revealed that the average temperature for , 31 in Miami was 77 degrees.

On , 2018 at 6:00 am, after being asked to identify themselves and return to the facility with the resident, Staff G stated her name and the Staff F's name and said, "We are coming out from this house on the corner; we are not from the facility".

On , 2018 at 6:10 A.M. the two staff and Resident #1 arrived back at the facility.

On , 2018 at 6:11 A.M. the Administrator stated "I have 7 residents".

On , 2018 at 6:15 A.M., attempted to interview Resident #1. The resident was alert but about time and place. The resident was not able to provide her name.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE MIAMI, FL 33183**	

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

On , 2018 at 6:20 A.M. the Administrator stated "I'm sorry, I'm not a bad person, but I got nervous and I did something very bad." At 6:28 A.M., she stated, "I was going to transfer the resident to my private house that is two minutes away from here". A review of map data showed that the facility was 1.1 miles away from the Administrator's home address. At 10: 15 am, the Administrator further stated "I called my sister and she was driving to pick them up."

A review of resident records showed that there was a residency agreement for Resident #1 dated . The resident's health assessment was blank.

A review of personnel records showed that there was no file for Staff F or Staff G. There was no documentation of training or an eligible Level II background screening for either employee.

On , 2018 at 10:15 am, the Administrator stated, "Staff F and Staff G have been working in the facility for 3 months".

2)
On , 2018 at around 5:50 am observed in # Residents #2 and 4 both in bed with ½ bed rails up. The administrator stated that residents could not remove the rails by themselves, staff had to remove the bed rails for all the residents.

On , 2018 at around 5:51, observed in # : Resident #7 sitting in bed with a sofa to the left side and a chair to the right side of the bed blocking the resident from getting out of bed. At 5:54 A.M., the Resident stated "they put this to prevent that I , but I do not anymore. I when I was in my family house. They do not allow me to remove it".

On , 2018 at around 5:52 am, observed in # : Resident #3 in bed with full bed rails attached to the right side. At 5:55 A.M. the Administrator stated, " The resident is not receiving hospice care, her family know that she has the bed rails to prevent that she , she can't remove the rails in her own."

Class II

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow procedures outlined by the State when assisting with self-administration of medications to resident 1 of 7 sampled residents, Resident 6.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

Findings included:

On [redacted], 2018 at 7:17 am, observed Staff A assisting with self-administration of medications to Resident 6, not verbally prompting the name of medication and touching medication with bare hands from container to place the medication on a napkin located on top of dining table.

On [redacted], 2018 at 10:35 am, Staff A stated, "I am very nervous, I probably did it without noticing it because I always use gloves".

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, interviews and record review, the facility failed to ensure three of four sampled staff were qualified to perform their assigned duties (Staff A, F and G).

Findings included:

1)

Observed on [redacted], 2018 at 5:53 am, two females dressed in health care worker uniforms ('Scrubs') and one elderly woman dressed with a hooded sweater and hood and shorts leaving from a side or back door of the facility. A review of weather data for the area showed that the outside temperature in South Florida at the time was 50 F. A review of weather data from the national weather service revealed that the average temperature for [redacted] 31 in Miami was 77 degrees.

On [redacted], 2018 at 6:00 am, after being asked to identify themselves and return to the facility with the resident, Staff G stated her name and the Staff F's name and said, "We are coming out from this house on the corner; we are not from the facility".

On [redacted], 2018 at 6:10 A.M. the two staff and Resident #1 arrived back at the facility. A review of personnel records showed that there was no file for Staff F or Staff G. There was no documentation of training or an eligible Level II background screening for either employee.

On [redacted] at 6:13 A.M., Staff F stated, "I do not have identification or social security". Subsequently

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE MIAMI, FL 33183**	

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

Staff G stated, "I do not have identification or social security". Both staff stated standing together stated, "we do not have training to do our job".

On at 6:30 A.M., observed Staff F assisting residents with bathing and Staff G preparing daily food.
A review of personnel records showed that none existed for Staff F and Staff G.

On , 2018 at 10:35 am. The Administrator stated, 'Staff F and Staff G have been working in the facility for 3 months without employment application, background screenings, in-services, or and First Aid training to provided care and services for a census of seven residents'.

2)
On , 2018 at 7:17 am, observed Staff A assisting with self-administration of medications to Resident 6, not verbally prompting the name of medication and touching medication with bare hands from container to place the medication on a napkin located on top of dining table.

On , 2018 at 10:35 am, Staff A stated, "I am very nervous, I probably did it without noticing it because I always use gloves".

Class II

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation and interview, the facility failed to maintain personnel records for three out of seven staff members sampled (Staff D, F, and G). The facility failed to provide a completed application for Staff D.

Findings included:

A review of personnel records showed that none existed for Staff F and Staff G.

On , 2018 at 10:35 am. The Administrator stated, "Staff F and Staff G have been working in the facility for 3 months".

A review of personnel records showed that the employment application for Staff D had an incomplete

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

employment history.

On , 2018 at 8:55 am. The Administrator stated, "Staff D came from our other facility.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

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

Based on observation, interview and record review, the facility failed to register and maintain the employment status of all employees within the clearinghouse for Two out of seven sampled staff (F and G). Initial employment status and any changes in status must be reported within 10 business days.

Findings included:

On . . . . . at between around 5:53 am and 10:30 am, observed Staff F and G providing care and services to residents.

On at 6:13 A.M., Staff F stated, "I do not have identification or social security". Staff G stated, "I do not have identification or social security". Both staff stated standing together stated, "we do not have training to do our job".

On at 6:13 A.M., the Administrator stated "Staff F and G been working here for three month".

On at 6:30 A.M., observed Staff F assisting residents with bathe and Staff G preparing daily food.

A review of the background screening database showed the facility's employee roster did not have Staff F and G listed.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview and record review, the facility failed to ensure that two of seven sampled staff had eligible level II background screenings. (Staff F and G).

Findings included:

On at 6:10 A.M., observed two staff wearing green scrubs and an elderly woman arrived at the facility, they identified themselves as Staff F and G and identified lady as Resident #1.

On at 6:13 A.M., Staff F stated, "I do not have identification or social security". Staff G stated, "I do not have identification or social security". Both staff stated standing together stated, "we do not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

have training to do our job".

On at 6:13 A.M., the Administrator stated "Staff F and G have been working here for three months".

On at 6:30 A.M., observed Staff F assisting residents with bathing and Staff G preparing daily food.

Record review showed that the facility did not have personnel records for Staff G and F. The Administrator stated 'they've been working in the facility for three months without employment application, background screenings, in-services, or and First Aid training to provided care and services for a census of seven residents'.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, interview and record review, the facility failed to operate within their licensed capacity. The facility, licensed for 6, had 7 people in residence.

Findings Included:

On at 5:50 A.M., observed in # were Residents # 4 and #6 in bed. In # was Resident #7 restrained in bed with the use of furniture. # was occupied by Residents # 2 and #5 and in # was Resident #3 in bed with full bed rails up.

On at 5:53 am, observed two females and one elderly woman leaving the facility through a side door.

On at 6:10 A.M., observed two staff wearing green scrubs and an elderly woman arrived at the facility, they identified themselves as Staff F and G and identified lady as Resident #1.

On at 6:11 A.M., the Administrator stated "I have 7 residents".

On at 6:28 A.M., the Administrator stated, "I was going to transfer Resident #1 to my private house that is two minutes away from here".

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968533	**03/19/2018**
NAME OF PROVIDER OR SUPPLIER **DAVISITOS 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13701 SW 71 LANE** **MIAMI, FL 33183**	

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

On around 6:30 am, medications for Resident #1 bag full of prescribed medications provided with list of medications: . . . . . 5 mg; . . . . . 50 mg; . . . . . 20 mg; . . . . . 100 mg; , 5 mg.

Record review showed that Resident #1 was admitted on with a Residency Agreement for the amount of $ 2000.00 signed by her power of attorney.

Unclassified