STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953536	R 03/13/2018
NAME OF PROVIDER OR SUPPLIER **BETTER LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5750 NW 192 STREET** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 3/12/18- 3/13/18 at Better Life Assisted Living Facility. Better Life Assisted Living Facility had deficiencies at the time of the survey. (License # 88774.)

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

Based on observations and review, the facility failed to ensure that licensed personnel administered medications to one of seven sampled residents (Resident #1) .

Findings included:

Observed on at 12:00 pm revealed Staff B feeding Resident #1.

A review of the Medication Observation Records (MORs) revealed that Staff A was providing Resident #1's medication.

Record review revealed that Resident #1's health assessment stated, "Resident is total for daily living activities.

Record review revealed that the administrator signed all the medications for Resident #1 from -

Interview on revealed that Staff A states, "I am providing Resident #1's medications due to hospice is not giving her the medications, but I will change of hospice agency.

Interview on at 10:13 am Staff A stated, "I am providing the medication to Resident #1 with a cup." In addition, Staff A stated, "Hospice is not providing medication for Resident #1, but if they refuse, I will look for another hospice agency."

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 had uncorrected class III deficiency regarding the administration of medicinal drugs during a survey. The facility is required to employ the

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consultant services of a licensed registered nurse to provide onsite quarterly consultation until the inspection team from the agency\ determines that such consultation services are no longer required. A corrective action plan must be developed and the initial consultant visit must take place within 14 working days of the notice of the uncorrected class III deficiency. The facility must keep on site for review, and must provide the agency with on site corrective action plans until the agency determines that the deficiency has been corrected and staff has been trained to ensure that proper medication standards are followed.

Findings:

1)
Observed on at 12:00 pm revealed Staff B feeding Resident #1.

A review of the Medication Observation Records (MORs) revealed Staff A was providing Resident #1 medications.
Record review revealed Resident #1's health assessment stated Resident #1 needed total assistance with activities of daily living.

Interview on Staff A stated, "I am providing Resident #1's medications due to hospice is not giving her the medications, but I will change of hospice agency.

2)

Observed on at 12:00 pm revealed Staff B feeding Resident #1.

A review of the Medication Observation Records (MORs) revealed that Staff A was providing Resident #1's medication.

Record review revealed that Resident #1's health assessment stated, "Resident is 'total' for daily living activities".

Record review revealed that the administrator signed all the medications for Resident #1 from -

Interview on revealed that Staff A states, "I am providing Resident #1's medications due to hospice is not giving her the medications, but I will change of hospice agency.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on at 10:13 am Staff A stated, "I am providing the medication to Resident #1 with a cup." In addition, Staff A stated, "Hospice is not providing medication for Resident #1, but if they refuse, I will look for another hospice agency."

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

Based on record review and interview the facility failed to have an accurate health assessment, and also also failed to obtain a written physician's order from hospice for the use of full bed rails, for one of six sampled residents (Resident # 1).

Findings included:

1)
Record review revealed that Resident #1's health assessment (dated) reflected, "Needs assistance with self-administration of medication and total for ADLs." However, it did not reflect that Resident #1 was under hospice services."

Interview on at 10:41 am Staff A acknowledged that Resident #1 did not reflect hospice care/service on her health assessment dated on ."

Based on observation, record review, and interview, Facility failed to have a consent for the use of a full bed rail for one of six (#1) sampled Resident.

2)

Observation on at 8:00 am revealed that Resident #1 had a full bed rail up while she was on bed.

Interview on at 8:00 am Staff A stated, "Resident #1 is total."

Record review revealed that Resident #1's health assessment stated, "Needs total assistance with her daily living activities."

Record review revealed that Resident #1 had a full bed rail order (issue) signed per primary physician. Further record review revealed that Resident #1 had a consent for full bed rail signed per

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Resident #1 on . Hospice book has no full bed rail order in file.

Interview on at 9:50 am Staff A stated, "Hospice did not provide a doctor's (full bed rail) order; the Resident's daughter changed the insurance to get a full bed rail order from Resident #1 primary doctor, and he signed that full bed order. However, the daughter did not sign the consent because she states that her mother still can sign."

Record review revealed that Resident #1's ( ) health assessment had the following diagnosis, " , 2nd degree Atrioronticular , type 2, , , , , , and ."

Uncorrected
Class III

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

Based on observation, record review, and interview, the facility failed to ensure that caregivers had an eligible Level II background screening level 2 prior to delivering unsupervised care to residents.

Findings included:

Observation on at 6:00 pm revealed that Staff F was alone in the facility with the census of six Residents.

On at 6:00 pm Staff F stated, "I am Staff B, and I called the administrator. She will be here soon."

On at 6:10 pm Staff A provided Staff F's real name, showing that Staff F was not Staff B although Staff B's name was given. Staff A confirmed that Staff F was helping her because Staff A felt bad ( ), and left the facility' for a moment.' Staff A stated, "Staff F has no record and/or AHCA's Background done because she is waiting on her documents. As soon as she gets her documents, she will complete an AHCA's Background."

Uncorrected
Unclassified