STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911036	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **CHARITY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **461 EAST 31ST STREET HIALEAH, FL 33013**	

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

0000 - Initial Comments

On - a complaint survey (CCR#2018000613) was conducted at Charity Care Inc. Deficiencies were identified at the time of the survey.

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

Based on interviews and review of records the facility failed to ensure that, 2 out of 2 sampled residents who require assistance with self-administration of medication were given their medication according to their medical orders (Resident #2 and Resident #6) .

Findings include:

A review of Resident # 2's Medication Observation Record (MOR) revealed that the r did not take the required medication as directed. According to the Resident ' s medical orders, 500 was to be taken by Resident #2 orally 2 times a day, with morning and evening meals. Resident #2 was observed eating his breakfast at 6: 30 am on . Resident #2 was observed taking the medication at 8:20 am .

Record review revealed that Resident #6 was required to take , orally once a day in the morning before the morning meal. This was to be the first pill of each day. This medication was observed being given to
Resident # 6 with all of her medication. This medication was given at 8:09 am, while Resident #6 was observed eating breakfast before 8 am.

On at 11:30 am, the Administrator stated that it is her responsibility to make sure that the staff understands how to assist the residents with their medication.

CLASS III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and review of record the facility failed to maintain and accurate documentation of when medication was given for that 1 out of 2 residents sampled (Resident #2).

Findings Include:

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

On at 8:20 am, a medication pass was conducted with Resident # 2. While reviewing the medication observation record it was observed that Staff A recorded that Resident #2 was given his medication of . This medication, which is a liquid formula, was not observed being given during the med-pass. Resident #2 confirmed he had not taken the medication.

On /.2018 at 11:30am, an interview was conducted with the Owner/Financial Operator and Staff A. Both confirmed that the medication was not given to Resident #2 and that the medication ran out on and would need to be ordered.

Class III