STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	R 04/26/2018
NAME OF PROVIDER OR SUPPLIER **WE "R" FAMILY USA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2230 SW 131 COURT** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial 3rd revisit survey was conducted on . We "R" Family USA Corp Inc with a Limited Mental Health component (#10197) had the following deficiencies found at the time of the survey:

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

Based on observation an interview, the Facility failed to keep medication locked at all times. The facility also failed to ensure that medications were disposed after 3 of 9 sampled residents , , or no longer living at the facility (Residents #9, #11, and #12).

Findings included:

On at 10:13 AM the facility's office found unlocked. Observations found a chair with medication bags on it from a pharmacy. Agency staff attempt to reviewed the medications but they were removed. Agency staff requested the Administrator and staff to provide the medications. Further observations found Resident #9's medications under the Administrator desk. Resident #9's medications included three packs for , , ER 400 mg; 0.5 mg; two packs for 3.125 mg; , 81 mg; and , 10 mg.

On at 10:20 AM, the Administrator stated, "Resident #9 was living here but not anymore, he , ." The administrator doesn't know when the resident , . He stated he was admitted in , after admission the resident went to the hospital and never return.

Resident #11 had medication observation records (MORs) stapled to the brown bag of medications. The medications included , 325 mg; , 0.5 mg and 1 mg; , , 20 mg; , 800 mg; Megestrol Acet 40 mg, 10 mg and , 40 mg. The Administrator stated, Resident #11 was living here until last month but not anymore.

Resident #12 had medication observation records (MORs) stapled to the brown paper bag of medications. The medications included , 500 mg; Doxepin 10 mg; 145 mg; , 20 mg; and 50 mg. The administrator stated, "Resident #12 is not living here in the facility, he lived in his house with his brother, he was like a day care participant but he was in good health condition and he did not want to continue coming here."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	R 04/26/2018
NAME OF PROVIDER OR SUPPLIER **WE "R" FAMILY USA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2230 SW 131 COURT** **MIAMI, FL 33175**	

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

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview the facility failed to label over the counter medications.

Findings included:

Observation on at 10:13 AM found unlabeled over the counter medications,, with plus MSM, in the facility.

On at 10:13 AM Staff D stated, "medications belong to a resident."

Class III

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

Based on observation, record review and interview, the facility failed to keep an up-to-date admission and discharge log.

Findings included:

Record review of the facility's admission and discharge log revealed Residents #9, #10, # 11, #12, and #13 were not listed. The administrator acknowledged deficiencies on .

On at 10:13 AM the facility's office found unlocked. Observations found a chair with medication bags on it from a pharmacy. Agency staff attempt to reviewed the medications but they were removed. Agency staff requested the Administrator and staff to provide the medications.

Further observations found Resident #9's medications under the Administrator desk. Resident #9's medications included three packs for ER 400 mg; 0.5 mg; two packs for 3.125 mg; 81 mg; and 10 mg.

On at 10:20 AM, the Administrator stated, "Resident #9 was living here but not anymore, he ." The administrator doesn't know when the resident . He stated he was admitted in , after admission the resident went to the hospital and never return.

Resident #10's medications included two packs of 120 mg; 15 mg; 12.5 mg; and 120 mg. The administrator stated, "she does not lives in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965876	R 04/26/2018
NAME OF PROVIDER OR SUPPLIER **WE "R" FAMILY USA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2230 SW 131 COURT** **MIAMI, FL 33175**	

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

the house but her medication was delivered here." He stated "Resident #10 live with me in my house."

Resident #11 had medication observation records (MORs) stapled to the brown bag of medications. The medications included , 325 mg; , 0.5 mg and 1 mg; , , 20 mg; , 800mg; Megestrol Acet 40 mg, 10 mg and , 40 mg. The Administrator stated, Resident #11 was living here until last month but not anymore.

Resident #12 had medication observation records (MORs) stapled to the brown paper bag of medications. The medications included , 500 mg; Doxepin 10 mg; 145 mg; , 20 mg; and 50 mg. The administrator stated, "Resident #12 is not living here in the facility, he lived in his house with his brother, he was like a day care participant but he was in good health condition and he did not want to continue coming here."

Resident #13's medication were: 0.4 mg; 5 mg; 20 mg; 175 mg; and , - , 5-10 mg.

Class III