STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	04/24/2018
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE MIAMI, FL 33193**	

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

0000 - Initial Comments

A wellness monitoring survey was conducted on , , 2018. Guardian Elder Care Services Inc (The), license # 10322, had the following deficiencies identified at the time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to keep an accurate Medication Observation Record (MOR) for each resident. Staff signed for the MOR for medication that licensed staff administered to one of four sampled residents (#3) .

Findings included:

Review of Resident #3's MORs revealed that there was an order for 100 units/ml vial- inject 15 units in the morning. Staff initialed at 8 AM the order from to . There was an order for D 50000- take one capsule one time a week (8 am). Staff initialed at 8 AM from to .

On at 8:29 AM Staff E revealed that Resident #3 received from the nurse. Staff signed the book by mistake. In further interview at 8:46 AM the staff revealed that just gave D on Sundays to the resident.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the Assisted Living Facility failed to obtain clarification order for a medication ordered as needed or notify the doctor of changes needed with the orders for one out four sampled residents (#3) .

Finding included:

Review of Resident #3's Medication Observation Record (MOR) revealed that there was an order for , 650mg (take one tablet by mouth twice a day as needed). Medicine was scheduled at 8 AM and 8 PM. Medicine was initialed as given every day from to at 8 AM and from to at 8 PM. There was not documentation of why the medication was needed daily or if the doctor was notified.

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

On at 8:29 AM Staff E revealed that Resident #3 took the because the resident requested it for pain. In further interview at 8:46 AM the staff revealed that she was not licensed.

Review of Department of Health Database showed that Staff C and E were not licensed staff.

On at 8:32 AM Resident #3 revealed that she suffered from pain in the knee.

On at 10:46 AM the administrator stated, "The Doctor always wrote PRN (as needed) orders like that."

Class III