STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968214	R 04/27/2018
NAME OF PROVIDER OR SUPPLIER **CLARY'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 SW 17 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted from . . . . . Clary's ALF Corp with Limited Mental Health (LMH) component, license # 12152 had the following deficiencies identified at the time of survey:

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

Based on observation an interview, the Assisted Living Facility failed to keep medication locked at all times.

Findings included:

On at 12:32 PM observed that there was inside the refrigerator door an unlocked medication comfort kit for Resident #1. The medications listed were: . . . . Lac 2 mg, . . . Sulf 100 mg, . . 0.5 mg, . . 10 mg, . . 10 mg.

On At 12:35 PM Staff B stated "I don't know anything about this medication. The hospice nurse is the person that used it and kept it here in the refrigerator unlocked."

Class III

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

Based on observation, record review and interview the facility failed to have an accurate Health Assessment for one out of seven sampled residents (Resident #7). The facility failed to retain resident records for for one out of seven sampled residents for 2 years after the resident left the facility (Resident # 3).

Findings included:

1) On . . . . . at 11:15 AM, observed Resident #7 sitting in a recliner, asleep. She was covered with a blanket. Her foot look contracted.

A review of Resident #7's Health Assessment (Form 1823) dated showed diagnoses: . . . . . ( ); . . . . . ; . . . . The resident needed . . precautions. The resident was independent with eating and self-care, needed supervision with ambulation and dressing and

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transferring. The resident needed assistance with bathing and toileting.

On at 12:56 PM Staff D and B stated that resident needed the assistance of two staff for transferring and ambulation.

On at 12:59 PM observed that Resident #7 needed the assistance of two staff D and B to transfer her from a recliner chair to a wheelchair to assist her with toileting.

2) A review of closed records showed that the facility did not keep Resident #3's files after she was discharged from the facility on .

On at 12:50 PM Staff B stated "I don't have her record here. The administrator did not keep her copy. I'm going to go to the other assisted living facility (ALF) and get Resident #3's record. "

Class III