STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966253	R 05/14/2018
NAME OF PROVIDER OR SUPPLIER **A+ SENIOR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 SW 68 AVENUE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . . . . . A+ Senior Home Inc. (License # 10466), with a Limited Mental Health service component, had deficiencies identified at time of the survey:

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

Based on observation, record review and interview the facility failed to keep medications locked for 1 out of 5 sampled residents (Resident #1).

Findings as follow:

On at 12 noon, observed the night stand in Resident #1's bedside with the drawer open. In the drawer, observed a tube of , . . ointment USP 2% labeled with the resident's name and instructions to apply it three times a day; bottles of , not labeled and a bottle of lubricant eye drops that were unlabeled.

Resident#1's assessment review (dated . . . . .) stated Resident needed medication administration.

On . . . . at 1:25 PM the Administrator stated Resident #1 had the medications in his drawer because he could self administer the medications.

Class III

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

Based on observation and interview, the facility failed to ensure that over the counter medications for 1 out of 5 (Resident #1) sampled residents were labeled with the residents' names and the manufacturer's label with directions for use.

Findings included:

On . . . . . at 12:00 noon observed the night stand of Resident #1 had the drawer open. In the drawer 2 bottles of , and lubricant eye drops were observed, unlabeled. Resident #1 shared the . . . . Resident #2.

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On at 1:25 PM the Administrator stated unlabeled medications were over-the- counter and would be removed from Resident #1's drawer immediately.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to have an accurate staffing pattern posted.

Findings as follow:

On at 12:00 noon, observed Staff B in the facility, alone with 4 residents.

Staffing schedule review showed Staff B and Staff C were scheduled to work from 7:00 AM to 7 PM.

On at 12:00 noon Staff B stated Staff C had to go out for a moment.

On at 1:03 PM, Staff C arrived.

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 1 out of 5 sampled residents (Resident #1).

Findings as follows:

On at 12:00 noon observed Resident #1 eating by himself.

Review of resident #1"s assessment dated showed the Resident needed medication administration.

Resident #1's Medication observation record showed it was signed by Staff and was up-to-date.

On at 11:30 AM, Staff B stated she assisted Resident #1 with self-administration of medications.

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 11:40 AM Resident #1 stated he received assistance with self-administration of medications.

On [redacted] at 1:25 PM the Administrator stated Resident #1 could self-administer the medications.

Class III