| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965494** | **05/25/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CORAL PARK SENIOR CARE OF MIAMI** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9640 SW 10 TERRACE MIAMI, FL 33174** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on through . Coral Park Senior Care of Miami, with a Limited Mental Health service component (license # 9875) had deficiencies identified at the time of the survey:

**0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC**

Based on observation, record review, and interview, the facility failed to ensure that one of six sampled residents met admission criteria, (Resident #2). The resident was dis-enrolled from hospice care at her prior Assisted Living Facility while bedbound and being treated for , and was admitted to the new facility. care was performed by unqualified persons, including the administrator and/or her designee.

Findings included:

On , , 2018 at 9:05 am during the tour of the facility, observed Resident #2 bedbound with full bed rails in a shared . According to Staff C, Resident #2 was on hospice.

A review of the admission/discharge log showed that Resident #2 was admitted on .

A review of Resident #2's record showed signed documentation assigning the Administrator of the facility as the resident's Power of Attorney (POA). Hospice record review for Resident #2 showed an election to revoke hospice services dated and signed by POA on .

Health assessment for Resident #2 dated , 2017, documented that the resident was diagnosed with , and . The physician indicated the resident needed supervision with ambulation and assistance with the rest of the activities of daily living.

A review of hospice service records showed Resident #2's physical/ status on 09, 2017 to be:

"Functional status: Fatigued, activity intolerance, prior functional status: Bed/wheelchair bound, mobility: bedbound, muscle strength: Continued . risk assessment: MAHC 10. A score of four or more considered risk for falling.

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SUMMARY STATEMENT OF DEFICIENCIES
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at not healing at sacral area, measurements in centimeters, length 3, width 3 in, 1 / tissue observed beefy red, percentage at 50. Dressing changed as per orders in Care Plan."

Another health assessment for Resident #2 dated , 2017, showed the resident was diagnosed with , , , , and . The physician indicated the resident needed total care with the activities of daily living except for assistance with dressing.

Further review of Resident #2's record showed that there was no documentation of care being provided for the sacral .

Hospice record review for Resident #2 showed a prescription for hospice dated and signed by doctor on . A review of hospice service records showed a re-admission of Resident #2 dated 18, 2017.

A review of hospice service records showed Resident #2's physical/ status on 18, 2017 to be:

Functional status: Other-Generalized , mobility: Bedbound. Muscle strength: Continued , risk assessment: MAHC 10. A score of four or more considered risk for falling.

present on admission, located at sacral-left area, stage unstageable, measurements in centimeters: length 2, width 4 and depth 0.

Additional review of Resident #2's record showed that there was still no documentation of care by a qualified health professional between 9 when it was and , when it was unstageable.

On , 2018 at 9:20 am, the Administrator stated that Resident #2 was able to walk with help on the day of admission but that in few days her health deteriorated and that is when she requested hospice services.

On , 2018 at 9:58 am, during a phone interview, Nurse Practitioner stated, "The resident was in hospice and they transferred from one Assisted Living Facility (ALF) to the other ALF. The owner told me that she had to close the ALF. I am not sure if I saw the , but I do not remember the Resident walking, it is strange that if the Resident was not walking that needed supervision for

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ambulation. I do not work anymore for the doctor but they should have the copy of the assessment on file."

On , 2018 at 10:30 am, during a phone interview, the Registered Nurse (RN) for hospice stated, "The family member revoked hospice services, so what we did is what we call verbally teaching the family how to take care of the and the administration of medicines. We did this on the last day, 9."

On , 2018 at 2:24 pm, on a phone interview, the Administrator stated, "When the resident came to the facility was healthy. The Resident had no wounds, the resident was completely clean. I am not sure if it was the change of facility or due to a knee surgery that the Resident had many years ago but the resident always had pain on the knee. The health started to decline and always asked me to take care of her. No, I did not know that the Resident was bedbound; even if the Resident is bedbound we still always get the Residents up."

Class II

**0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC**

Based on record review, and interview, the facility failed to have a surety bond for one out of six sampled residents for whom it acted as payee and Power of Attorney (POA) (Residents #2).

Findings include:

Review of the facility records showed there was no documentation of a surety bond.

A review of Resident #2's record showed that the Administrator served as Power of Attorney for the resident.

On at 1:15 PM, the Administrator stated the facility served as representative of Resident #2. The facility received the resident's social security check, which was received by mail under Administrator's name. The checks were deposited into the facility's bank account. The Administrator further stated that the facility did not have a surety bond.

Class III

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