STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

0000 - Initial Comments

A monitoring survey was conducted on . . . . . North Miami Retirement Living (license #5934) with Limited Mental Health component had deficiencies identified at the time of the survey.

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

Based on observation, record review, and interview, the facility failed to accurately update the Medication Observation Records (MORs) when assisting with self administration two of ten sampled Residents, (Residents #9 and #10).

Findings included:

On . , , 2018 at 8:25 am, observed Staff B assisting Resident 9 with medication . 5 mg and not signing the MOR. Staff B, later showed proof that the medication was given and properly signed MOR.

On . , , 2018 at 8:30 am, observed Staff B assisting Resident 10 with medications . 2 mg, ... 40 mg and . . . . 3 mg and signing the MORs prior to assisting the resident.

On . , . , 2018 at 12:18 pm, during the exit conference, the Administrator acknowledged the the MORs were not updated timely.

Class III

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

Based on record review and interview, the facility failed to updated the Admission/Discharge record. The facility did not provide the identification of the facility or home address to which the resident was discharged for multiple residents who are no longer at the facility.

Findings included:

Record review of the Admission/Discharge book showed multiple residents with "Unknown" place of discharge.

On . , , 2018 at 12:18 pm, the Administrator acknowledged that multiple residents who were

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

discharged from the facility had unknown as the discharge location.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to update the employment status for one of five sampled staff within the required 10 days (Staff D).

Findings included:

On , 2018 at 12:13 pm, the Administrator revealed the last day of employment for Staff D was , 2018.

Record review of the employee roster in the background screening's database showed Staff D, hired , listed as a current staff member.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to provide proof of an updated background screening for two of five sampled Staff, (Staff C and E).

Findings included:

Record review revealed Staff C and Staff E's last background screening dated . The background screening status stated "New Screening Required".

On , 2018 at 11:05 am, the Administrator stated, "Today I scheduled the appointments for the new screening for both employees."

Unclassified