STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **MGR HOME #2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13620 S W 119 STREET** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Change Of Ownership (CHOW) survey was conducted on . . . . . and concluded on . . . . . . MGR Home #2 Inc. (license #11907) had the following deficiencies found at the time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observations and interview the facility failed to ensure that one out of six sampled residents received medication administration from licensed staff.

Findings included:

Medication pass observations on . . . . . at 8:05 AM found Staff C took the medication for Resident #4 and placed them into a medication crusher. The medication was crushed, placed onto a spoon with apple sauce, and fed to Resident #4.

Interview with Resident #4 on . . . . . at 8:47 AM revealed, "the lady gives me my medication every single day."

Resident #4's health assessment dated documented the resident required assistance with self-administration of medications and that the resident was able to eat with assistance.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview the facility failed to have evidence a written statement from a health care provider documenting that the staff does not have any signs or symptoms of communicable within 30 days after beginning employment for one out of four (C) sampled staff.

Findings included:

On . . . . . at 7:50 AM was observed Staff C alone caring for a census of five residents.

Staff C's personnel file revealed the hire date was on . . . . . . There was no evidence of a written statement from a health care provider documenting that the individual does not have any signs or

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symptoms of communicable .

On at 12:00 PM the Administrator stated that she was aware that this specific document was missing and that she was going to schedule the staff to go and see the doctor.

Class III

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

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

On at 7:50 AM at the time of arrival observed Staff C alone in the facility caring for a census of five residents.

Record review revealed Staff C was scheduled to work from Saturday to Sunday 24/hours-live in, Staff B was scheduled to work from Monday to Sunday from 7:00 AM to 7:00 PM, and Staff D was scheduled to work from Monday to Friday 24/hours-live in, for the month of .

On at 11:00 AM the Administrator stated that she had not change and updated the staff schedule because the change just happened this month.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an approved Emergency Management Plan annually.

Findings included:

Record review revealed the facility's last Emergency Management Plan was .

On at 10:50 AM the Administrator stated the plan was submitted on , they were still waiting for the approval.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III