

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER RONA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10900 SW 177 TERRACE MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on Rona's Retirement Home with limited mental health component, license number 5566 had the following deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record of any incidents that resulted in resident required a higher level of care for 1 out of 5 sampled residents (Residents #1).

Findings Included:

A review of Resident #1's file revealed the resident was in /2017. The certificate of Professional Initiating Involuntary Examination documented: The patient is grossly disorganized, aggressive, refusing to take medication. He is talking to self actively responding to internal stimuli. Further review of the file revealed the facility did not have any progress notes documented regarding Resident #1's change in behavior.

On at 11:03 AM Staff A stated "I have to work on that, I have a lot of paperwork and I have not completed the progress notes."

Class III

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

Based on record review and interview, the facility failed to maintain an accurate Medication Observation Record (MOR) for one out of five sampled residents (Resident #4).

Findings included:

A review of the MOR revealed Resident #4 has prescribed and it did not indicate the time the medication is given, the name of the physician, and if the resident has any

On at 5:44 PM Staff A stated "The pharmacy has not send me a new medication sheet, I have been writing on a blank one. I will call them and let them know I need the medication sheet."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER RONA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10900 SW 177 TERRACE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview the facility did not ensure that 4 out of 5 sampled employees had received training in the areas of Control, Resident Rights, activities of daily (ADLs) and Behavioral Needs Training, (Staff C, D, and E). Findings included: A review of Staff C's employee file showed the staff did not have documentation the staff received the resident rights training. A review of Staff D's employee file showed the staff did not have documentation the staff received the resident rights training and elopement training. A review of Staff E's employee file showed the staff did not have documentation the staff received the ADLs and behavioral needs and resident rights training. On at 6:38 PM Staff A stated, "I know we have all those training. The problem could be, since I switch the files from the other facility, they might have been misplaced." Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and interview the facility failed to provide documentation the staff received the / training for one out of five sampled employees (Staff E). Findings included: A review of Staff E's employee file revealed there was no documentation the staff received the / training. On at 6:38 PM Staff A stated "I know we have all those training. The problem could be, since I switch the files from the other facility, they might have been misplaced." Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER RONA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10900 SW 177 TERRACE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0083 - Training - First Aid and ... - 58A-5.0191(4) FAC Based on record review and interview the facility failed to provide documentation of a current First Aid and ... training for two out of two sampled staff (Staff A and B) . Findings included: A review of Staff D's employee file revealed there was no documentation the staff received the First Aid and ... training. A review of Staff schedule showed Staff D was the only staff scheduled for Thursday and Friday from 7:00 PM -7:00 AM. On ... at 6:38 PM Staff A stated "I know we have all those training. The problem could be, since I switch the files from the other facility, they might have been misplaced." Class III L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC Based on record review and interview, the facility failed to have an updated annual community living support plan for 2 out of 5 sampled residents (Resident #1 and #2). Findings included: A review of Resident #1's health assessment dated ... , showed medical history and diagnoses of The resident is receiving ... (...). Further review revealed, the last annual community living support plan in file was dated A review of Resident #2's health assessment dated ... , showed medical history and diagnoses of The resident is receiving Further review revealed, the last annual community living support plan in file was dated On ... at 11:00 AM Staff A stated "The doctor will be coming to see the residents soon. The Psychiatrist is the one that completes them. I will have the doctor complete them." Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911031	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER RONA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 10900 SW 177 TERRACE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		