STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **GABLES MANOR ENTERPRISES II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 EAST 57 STREET HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Gables Manor Enterprises II, Inc with license #10608 had deficiencies identified at the time of the survey:

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

Based on observation and interview, the facility failed to keep the medications in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

During a facility tour on at 6:10 AM, observed three labeled plastic bag containing prescribed regular and substance control medications in an unlocked black metal box located inside of the kitchen's refrigerator. Inside of the first bag were: a bag of , 650 mg , a bag of , 0.125 mg SL tablet, a bag of , tab 0.5 mg, 1 bottle of , 2 mg/ml conc, a bag of , 10 mg tab, a bag of Bisac-Evac , 10 mg, 1 bottle of , oral solution 100 mg, 1 bag of , 10 mg , and 1 bag of , 650 mg .

The second bag contained: 1 bottle of , oral solution 100 mg, 2 syringes, 1 bottle of , 10 mg tablet, 1 bottle of , 1 mg tablet, 1 bottle of , 0.125 mg tablet SL, 1 bottle of , 2 mg/ml oral conc, 1 bottle of , 650 mg , and 1 bottle of , 10 mg .

The third bag contained: 1 bottle of , 0.5 mg tablet, 1 bottle of , sulf 100 mg/5 ml soln, 1 bottle of , 650 mg , 1 bottle of , 0.125 mg tablet SL, 1 bottle of , 10 mg , 1 bottle of , 10 mg tablet, and 1 bottle of , LAC 2 mg/ml conc.
The fourth bag had: 1 bottle of , 2 mg/ml oral conc, 1 bottle of , 1 mg tablet, 1 bottle of , 650 mg , 1 bottle of , 0.125 mg tab SL, 1 bottle of , 10 mg , 1 bottle of , 100 mg/5 ml SLN, 1 bottle of , 10 mg tablet, and 2 syringes.

During an interview on at 6:44 AM Staff A acknowledged that the box was unlocked, put the medications back in the box, locked it, and put it back in the refrigerator. Staff A stated "the nurses left it unlocked."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **GABLES MANOR ENTERPRISES II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 EAST 57 STREET HIALEAH, FL 33013**	

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

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that one out of five sampled direct care staff (Staff B) received at least one hour of adequate training in the facility's policies and procedures regarding ( ).

Findings included:

A review of the facility's personal file on revealed a 1 hour of training certificate in file issued on for Staff B, hired on .

During an interview on at 10:00 AM, Staff B stated "I don't remember what is."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards, and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings included:

During the facility's tour on at 6:10 AM, observed; the # had no vent and no windows. The attached # had dusty vents.

During an interview on at 2:30 PM Staff A acknowledged that the vent in the attached # was very dusty and the # had no .

Class III

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

Based on record review and interview, the facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966371	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **GABLES MANOR ENTERPRISES II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 EAST 57 STREET HIALEAH, FL 33013**	

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

authorized entity.

Findings included:

A review of the facility's records on revealed that there was no documentation of performance of elopement drill in the facility.

During an interview on at 10:14 AM Staff A stated "I don't have the elopement drill."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain on its premises at all times a complete and accurate record for two out of seven sampled Residents (Resident #1 and Resident #2).

Findings included:

A review of the facility's record on revealed that Resident #1's contract was signed by a family member, but there was no documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney. Furthermore, Resident #2's Health Assessment dated stated "Needs assistance with self-administration of medication" while the Resident was receiving administration from a 3rd party provider. Additionally, Resident #2 is an ( ) Recipient, however a copy of the Department of Children and Families form Alternate Care Certification for was not in the file.

During an interview on at 10:39 AM Staff A stated "Resident #1's family member signed, I don't have the Power of Attorney. She then added "I can't find the document."

Class III