STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME #4**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 1 TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A monitoring survey was conducted on . . . . . Maggie's Retirement Home #4 (license #7978) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of survey.

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

Based on observation and interview, the facility failed to keep resident medications locked or secured in their at all times.

Findings included:

On at 8:55 am, during tour conducted with Staff B found in # unsecured over the counter (OTC) medication ( ) near the open door. In # observed Resident #2 transferring in a wheelchair, on top of Resident #3 bed was unsecured OTC medication (Triple Pain Relive) and on the window . . . . . Lotion 12%.

On . . . . . at 9:00 AM, Staff B acknowledged that OTC medication were unsecured, she stated, "cream been use by residents and they like it to keep it with them."

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observations and interview, the facility failed to ensure that over the counter (OTC) medications were labeled with the resident's name.

Findings included:

On at 8:55 am, during tour conducted with Staff B found in # unsecured OTC medication ( ) near the open door. In # observed Resident #2 transferring in a wheelchair, on top of Resident #3 bed was unsecured OTC medication (Triple Pain Relive) and on the window . . . . . Lotion 12%. The OTC medications did not have the residents' name.

On . . . . . at 9:00 AM, Staff B stated, "cream been use by residents and they like to keep it with them."

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

Class III

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

Based on observation and record review, the facility failed to have a completed and accurate health assessment for one of six sampled residents (# 2).

Findings included:

Observation on [redacted] at 8:55 AM revealed Resident #2 in [redacted] # [redacted] transferring in a wheelchair and fixing her personal belonging in the closet.

Resident #2's health assessment dated [redacted] revealed that resident needed total care with the activities of daily living (ADLs) ambulation, bathing, dressing, self-care, toileting, transferring and independent with eating.

Class III