STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	05/16/2018
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Full Monitoring Survey was conducted on . . . . . Las Mercedes Boarding Home (AL 5295) had 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, updated as needed, of any significant changes, any illness for two out of thirty three (Resident #2 and #3) sampled residents.

Findings included:

Review of Resident #2's record documented he was admitted to the facility on and had a diagnosis of Parkinson's . . . . . II, ... , and memory decline. The Health Assessment dated indicated he required supervision with dressing, eating, and needed assistance with the rest of activities of daily living.

Review of Resident #3's record document she was admitted to the facility on and had a diagnosis of . . . . . type II, ... , and . The Health Assessment dated indicated she was independent with eating and needed assistance with the rest of the activities of daily living.

On . . . . . at 11:33 AM, Staff F stated "Resident #2 had a . . . , I contacted his physician and he sent an ambulance to transfer him to the hospital on . His son was notified. He is at a Rehabilitation Center at right now. Resident #3 was weak, I contacted her physician and she ordered a lab test. She had and the physician sent an ambulance to transfer her to the hospital on . Her family was notified. She is at a Rehabilitation Center right now."

Review of Resident's #2 and #3 records showed no documentation that the residents' primary physician and family members were notified.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE** **MIAMI, FL 33145**	

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

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

Findings included:

Observation on at 9:10 AM showed Staff B, D, E, F and L were caring for the residents and providing personal services to them.

Record review showed that the facility had no staff schedule for the month of , 2018.

On at 11:00 AM, Staff F confirmed that the facility had no current staff schedule.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to have documentation of an eligible level II background screening in staff files.

Findings included:

Staff record review showed Staff D level II background screening was dated and Staff E was dated .

Review of the background screening database showed the Staff D last screening was dated 11/ and Staff E was dated 11/ .

Interview conducted on at 1:00 PM Staff F stated that she thought Staff A and E last background results were in their records.

Class III

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

Based on record review, and interview, the facility failed to provide documentation of the Comprehensive Emergency Management Plan (CEMP) approval.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE** **MIAMI, FL 33145**	

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

Findings included:

A review of the facility's record showed the facility did not have the Emergency Management Plan approval letter. The last approval letter on file was dated .

Interview conducted on at 11:40 am, Staff F stated the Emergency management plan was submitted but they had not received the approval letter.

Class III