STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968365	R 06/14/2018
NAME OF PROVIDER OR SUPPLIER **MAYI'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14053 BRIARDALE LN** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to a complaint survey (CCR#2018003559) was conducted on at Mayi's ALF Inc., an Assisted Living Facility, located in Tampa, Florida. The previously cited deficiencies were corrected and there were new deficiencies cited.

(License # 12274)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtain a completed Agency for Healthcare Administration Health Assessment Form 1823 (AHCA Form 1823) 60 days prior to, or within 30 days of admission to assist in determining the appropriateness of the admission for two Residents (#2 and #3); and failed to ensure the health assessment indicated the level of assistance with medication for one (#5) of four sampled residents.

Findings Included:

Record review for Resident #3, on , revealed that Resident #3 was admitted on .
Record review also revealed that Resident #3's most recent health assessment, AHCA Form 1823, was dated .

Record review for Resident #2, on , revealed that Resident #2 was admitted on .
Record review also revealed that Resident #2's most recent health assessment, AHCA Form 1823, was dated .

Record review for Resident #5, on , revealed that Resident #5's most recent health assessment, AHCA Form 1823, dated did not specify the level of assistance needed for medications.

During interview with the Administrator on at 09:46 a.m., the Administrator confirmed that there no other, more recent health assessments for Residents #2, Resident #3 and Resident #5. The Administrator reviewed the health assessments and confirmed that Resident #2, and Resident #3 did

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not have a health assessment completed 60 days prior to admission, or 30 days after admission. The Administrator also confirmed that Resident #5's health assessment did not indicate the level of assistance needed for medications.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure 1 of 4 residents who require assistance with self administration of medications received their medications as prescribed by the health care provider. (Resident #2)

Findings included:

During record review and medication observation for Resident #2, on [redacted] at 07:20 a.m., Resident #2 and Staff A indicated that Resident #2 self-administers two inhalers and that Staff does not supervise the inhalers for Resident #2.

Record review for Resident #2, on [redacted], revealed that the most recent health assessment, AHCA Form 1823, dated [redacted], indicated that Resident #2 needed assistance with medications. The Medication Observation Record ([redacted]) indicated that one inhaler was to be taken two puffs, twice a day, and another inhaler was to be taken every six hours as needed. The Facility documented "Self Administ," and did not document when Resident #2 used the inhalers.

During interview with Resident #2, with the Administrator present, on [redacted] at 09:14 a.m., Resident #2 identified that one inhaler was blue and the other inhaler is red and that she does not know which one requires 2 puffs twice a day and which inhaler is to be used as needed The inhalers did not have the labels with instructions on them.
It is unknown as to whether or not the resident was receiving her medications as prescribed and there was not an order , nor was there evidence a documented request by and a written informed consent of the resident or resident's responsible party

Class III