STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	**05/31/2018**
NAME OF PROVIDER OR SUPPLIER **PETSHIRL GROUP HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8361 N E 3RD AVENUE** **MIAMI, FL 33138**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , , 2018. Petshirl Group Home Inc. (license #11895) with Limited Mental Health component 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 document a change in condition for one out of fours sampled resident that was admitted to the hospital (#4).

Findings included:

Upon arrival to the facility on at 8:45 AM Staff B revealed there are three residents and one that was sent to the hospital last night due to , .

Review of the progress notes for Resident #4 revealed that the last progress note had been written on .

On at 12:44 PM the Administrator stated, "I have not documented since the beginning of the month. She has history of , ."

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to perform elopement drills at least twice a year.

Findings included:

Review of the elopement drills revealed that the last two were conducted on and .

On at 10:24 AM the Administrator stated, "they have to be updated."

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

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Based on observation and interview the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications 1 out of 4 sampled residents (#3).

Findings included:

On at 12:10 PM observed the assistance with self-administration of medications for Resident #3 performed by Administrator. Resident #3 had MAPAP 500 mg 2 tablets three times a day. She told Resident #3, "you have 2 pills", she punched the pills from the cards to the med cup and one of the pills on the table. The Administrator grabbed the pill with her hand and put it inside the cup and gave it to the resident. The Administrator failed to say the name of the medication and touched one of the pills with her bare hands.

On at 12:12 PM Administrator stated, "One of the pills what am I supposed to do?"

Class III

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

Based on observation and interview the facility failed to ensure that centrally kept medications stored and locked at all times.

Findings included:

On at 8:55 AM observed a inhaler and a inhaler on top of the dining table that belong to Resident #1.

Review of the medication record revealed Resident #1 used ( ), 2 puffs 4 times a day and , 2 puffs twice a day.

On at 9:18 AM Staff B stated , "He just used them. I understand that I cannot leave them there." He grabbed the inhalers and put them back in the medication closet.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for two out of four sampled Staff (B and C).

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Findings included:

Personnel record review of Staff B revealed that the last negative examination was dated and Staff C on .

On at 3:10 PM during the exit conference the Administrator stated that the staff would have the test done.

Class III

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

Based on record review and interview the facility failed to a written work schedule that reflects its 24-hour staffing pattern for a given time period

Findings included:

Review of the bulletin board revealed that the staffing schedule posted was for the week of to .

On at 9:43 AM Administrator stated, ""I have not done the schedule in a long time."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure that staff who provide direct care to residents must receive 3 hours of in-service training within 30 days of employment that covers the subjects of resident behavior and needs and providing assistance with the activities of daily living for one out of four sampled staff (C).

Findings including:

Review of the personnel record of Staff C revealed that she was hired on . Staff C did not have any evidence of having taken 3 hours of in-service training within 30 days of employment that covers the subjects of Resident behavior and needs and Providing assistance with the activities of daily living.

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On at 1:48 PM the Administrator stated, "I don't think we did it."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure that staff that provides assistance with self-administered medications and have successfully completed the initial 4 hour training obtains, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for two out of four sampled Staff (B and C).

Findings included:

Review of the personnel record of Staff B revealed that he took 4 hours training in assistance with self-administration of medication on and Staff C on . There were no 2 hours of continuing education training for both staff.

On at 1:49 PM the Administrator stated, "I am a registered nurse. I have to give them the training and print the certificates."

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview facility failed to file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents for 2 out of 4 sampled residents (#1 and #3).

Findings included:

On at 10:05 AM the Administrator stated that she was the payee for Residents #1 and #3. And that she did not know she needed to have a surety bond.

Record review revealed Resident #1 received $750.00 and Resident #3 received $740.00. The facility did not have proof of a surety bond.

Class III

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

Based on record review and interview facility failed to ensure the employment application had references furnished for three out of four sampled staff (A, B and C). The facility also failed to keep documentation of compliance with level 2 background screening for three out of four sampled staff (A, B and C).

Findings included:

Review of the personnel record of Staff A, B and C revealed that their employment applications did not have references furnished or a copy of the level II background screenings results.

On . . . . . at 1:55 PM the Administrator stated she will put the references on the applications and will print the results of the level II background screening to put them in the staff records.

Class III

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

Based on record review and interview the facility failed to record weights for residents receiving assistance with the activities of daily living (ADLs) semi-annually for three out of four sampled residents (#1, #2 and #3). The facility also failed to have a complete health assessment for one out of four sampled residents (#3).

Findings included:

1) Record review revealed Resident #1 had his last record was recorded on . . . . ; Resident #2 was on and Resident #3 was on . The residents required assistance with ADLs.

On at 1:45 PM the Administrator stated, "I have not weighted them."

2) Record review revealed Resident #3's type of assist with medications needed was left blank and the health assessment had no date.

On . . . . . at 1:53 PM the Administrator stated, "that health a is from last year from the program. I got the one from this year and I have to put it in her record."

Class III

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

Based on record review and interview the facility failed to have an annually approved emergency management plan.

Findings included:

The facility failed to provide a copy of an approved emergency management plan.

On at 10:41 AM the Administrator stated, "I faxed the emergency plan to the person that has to review it but he has not sent the approval letter back yet."

On at 11:30 AM Administrator showed her bank statement of her phone screen and the emergency plan was paid on , 2018.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to ensure that staff in direct contact with limited mental health residents received a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses for three out of four sampled staff (A, B, and C).

Findings included:

Review of the personnel record of Staff A and B revealed they where hired on and Staff C on . Record review revealed they did not have a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. Staff A and B had a 3 hours training on .

On at 1:55 PM Administrator stated, "Me and my husband did it last month and I have to chart the certificate. Staff C does not have the initial and next month she will have it."

Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to provide documentation of signed Attestation of Compliance with Background Screening forms for three out of four staff (Staff A, B and C).

Findings included:

Review of the staff's personnel revealed that Staff A, B, and C did not have the signed attestation of compliance with background screening.

On . . . . . at 1:45 PM the Administrator stated, "The attestation, I did not know."

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the status of all employees within the clearinghouse.

Findings included:

Review of the facility roster in the background screening's clearinghouse revealed that Staff D was listed with a provisional hire date of . . . . . and no end date. Review of the staffing schedule revealed Staff D was not listed.

On at 9:45 AM Administrator stated, "Staff D has not worked here like for 2 years. I am not good with computers so I have not been able to fix it."

Unclassified