STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	06/29/2018
NAME OF PROVIDER OR SUPPLIER **MIAMI COMFORT COVE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3511 N W 11 COURT** **MIAMI, FL 33127**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018008172) was conducted on and concluded on . Miami Comfort Cove, Inc. (license #11869) had the following deficiencies found at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interviews and record review, the facility failed to provide adequate supervision to 1 out of 12 sampled residents (Resident #12). Resident #12, who had a history of elopement, left the facility and was reported missing. The resident was later found by law enforcement and hospitalized.

Findings included:

On at 11:30 AM according to the Administrator, Resident #12 eloped from the facility. He was found on by police and taken to a local hospital.

A review of Resident #12's health assessment dated showed that the resident had medical history and diagnoses of 's , , , , , , ( ), , ( ), and ( ). The resident's /behavioral status was listed as 'decreased memory and concentration'. The health assessment documented Resident #12 was not an elopement risk. Review of the resident record showed that Resident #12 had been appointed a guardian of his person and property in 2014 due to his history of .

On at 9:55 AM Staff C stated, " I was here the Saturday that Resident #12 left by himself. I was here at 7:00 AM. He took a bath by himself, had breakfast, went outside and then to his . I saw him last around 10:45 AM. When I went to do my rounds at 11:00 AM, I could not find him. I called the Administrator and let her know, she came right away and called 911. The police came right away. I think it was on Monday, yesterday, when they found him."

On at 2:25 PM by phone, the case manager for Resident #12 reported he had a history of elopement, and that she had informed the facility of this history. At his previous facility, a nursing home, he started leaving and coming back from the facility and the doctors decided that he no longer met criteria. "They discharged him and transferred him to an ALF (assisted living facility)." She further stated that the resident had been in multiple ALFs where elopement had been an issue. In the current facility, he had also eloped on . The case manager stated that the facility had an issue with the gate, and over the weekend, they called a repairperson. The person left the gate open and left to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	**06/29/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI COMFORT COVE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3511 N W 11 COURT MIAMI, FL 33127**	

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

purchase a part that he needed, and that is when the Resident left the property. They called the police."

On at 7:10 AM Resident #12 , while being interviewed at the hospital, stated that on Saturday in the morning, he was in the dining and he saw the two remote controls on the table, which were used to open the gate. There were no staff members nearby, so he took one of the remote controls walked to the gate, opened it and left.

A review of facility records showed no documentation that the remote controls were noticed as missing. There was no documentation about the facility's procedures to safeguard the gate controls so that residents at risk of wandering would not gain access to them.

A review of the facility's policy/procedures showed that an elopement/wandering assessment was required for all residents to evaluate the risk of elopement or wandering. The policy further stated that a root cause analysis was to be conducted every time a resident attempted to elope from the facility. Review of the resident's record showed no documentation that an elopement assessment had been done upon Resident #12's admission to the facility, or after his first elopement. Further review of Resident #12's record showed that there was no documentation of a root cause analysis after Resident 12 eloped on 24. There were no progress notes related to the earlier elopement, and no interventions or preventive actions were found in the resident record.

On at 9:20 AM Staff B stated; "We do not know how it happened with Resident #12 "I do not have access to the cameras. If there is an emergency, I call the Administrator or the owner first and then 911. If there is a medical issue I call the owner, she is a nurse."

On at 9:28 AM Staff A stated that Resident #12 left on Saturday. She stated "I was doing groceries, when the Staff made the regular round at 11:00 AM the Staff notice that Resident #12 was missing. Staff B and C the last time that they saw him was around 9:30 AM. We do not have access to the code for the cameras. The owners tried to call the installer but the person does not answer the calls. I feel bad that we failed. I do not want him here. We are short on Staff; we are interviewing today one person. The ideal will be three staff members in the morning, two with the Residents and one in the kitchen. I am trying to do the best I can. We take care of them in an excellent way".

On , regarding a request for the video from around the time that Resident #12 left, the facility faxed documentation to the Agency which stated , "We cannot provide the surveillance video requested as our equipment detailed below serves as a surveillance camera and not a Recorder. The surveillance video is used to monitor front door, front area of the house, and interior front general of the residence".

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	**06/29/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI COMFORT COVE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3511 N W 11 COURT** **MIAMI, FL 33127**	

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

Class II

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

Based on observation and interview, the facility failed to maintain inside a refrigeration unit, medication that required refrigeration for two of 12 sampled residents (Residents #7 and # 11).

Findings included:

On , 2018 at 8:10 am during the tour of the facility, observed a locked cabinet inside the facility's office with all the medications for all residents, including 2 boxes of 100 U/ml prescribed for Residents 7 and 11. The label on the box stated to keep the medication refrigerated at temperatures between 2C - 8C or 36F - 46F.

On , 2018 at 10:07 am, the home health nurse for both Residents stated, "The has always been a polemic but the can be outside in a cool place and does not need refrigeration, when users take them with them for hours, they do not have a refrigerator with them". Also, the Administrator provided a document from the Internet providing storage information stating no refrigeration needed. The facility did not provide any information from the pharmacy regarding the storage.

Class III

0123 - Fiscal - Resident Trust Funds - 429.27(3-4) FS; 58A-5.021(2) FAC

Based on interviews and record review, the facility failed to obtain resident consent from three out of 12 sampled residents (Residents 1,4, and 9) prior to keeping their monthly allowances. The facility also did not provide residents with a statement at least once every three months, detailing sources and disposition of funds.

Findings included:

A review of resident account ledgers for Residents 1, 4, and 9 showed that withdrawals were made from the resident's accounts without their signature. A record review for Residents 1, 4, and 9 showed that there were no written consents signed by the residents or their designee stating that facility had permission to subtract money from their accounts.

On at 12:00 PM according to the Administrator, she does not give the money directly to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967860	**06/29/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI COMFORT COVE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3511 N W 11 COURT** **MIAMI, FL 33127**	

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

residents instead she keeps the money to purchase for them whatever they want during the month.

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 for 12 of 12 sampled Residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, # 11 and #12).

Findings included:

On [redacted], 2018 at 7:51 am, observed a small brown, black and white dog right outside the facility's main door. Observed empty dog food plate on porch outside main door. At front yard, observed tall grass.

On [redacted], 2018 at 10:45 am, Administrator stated that the dog did not belonged to the facility but that everyday around noon, there was a Resident who will feed him. And that the dog was going to be taken to the veterinarian for examination and [redacted]. In reference to the front yard, the Administrator stated, "It's been raining a lot and it needs to be cut".

Class III