STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **PERSONALIZED HEALTH SERVICES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8510 SW 12TH STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Personalized Health Service, Corp. with Limited Mental Health component, license #11467, had deficiencies found at the time of the survey:

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the procedure outlined by the state when assisting residents with self-administration of medications for the residents.

Findings included:

On . . . . at 7:10 AM and 8:55 AM observed Staff C assisting the residents with their medications. Staff C marked the medication observation records (MORs) prior to giving the residents the medications.

On . . . . at 7:34 AM Staff C reported that she was by herself, she got up very early and signed the MORs for all the residents.

Class III