STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967491	**07/27/2018**
NAME OF PROVIDER OR SUPPLIER **SUAREZ RESIDENT INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13371 SW 50 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial survey was conducted on , 2018 and extended to , 2018 at Suarez Resident, Inc. (License #11531). The facility had the following deficiencies at the time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview, the facility failed to provide proof of a scheduled activity calendar for six of six sampled residents and one of one sampled adult day care participant, (Residents #1, #2, #5, #6, #7 and #8) and (Participant #4). The facility failed to provide an ongoing activity program for one of one sampled adult daycare participant, (Participant #4).

Findings included:

On , 2018 at 7:00 am, observed Participant 4 having breakfast with residents at the dining table. At 12:00 pm, observed Residents 1, 5, 6, 7 and Daycare participant 4 having lunch at the dining table. Observed from 8:00 am and 12:00 pm, residents and daycare participant watching television at the living area. Observed from 1:00 pm to 2:45 pm, residents and daycare participant watching television at the living area.

On , 2018 at 6:48 am, upon arrival to the facility, Staff B stated, "There are six residents and one adult daycare".

On , 2018 at 7:00 am, Participant 4 stated, "My husband brought me around 6:15 am, he works in West Palm Beach".

The facility did not have an activities calendar posted.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the facility used physical for one of six sampled residents, (Resident #1).

Findings included:

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On , 2018 at 7:10 am, observed Resident 1 in bed with a full bed rails.

Record review for Resident 1 showed date of admission , 2012 with a prescription for 1/2 bed rail signed and dated by a physician on , 2016.

On , 2018 at 7:10 am, Staff B stated, "The resident gets up and takes a bath by self but we have to lower the rail for the resident."

Class III

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

Based on observation and record review, the facility's staff failed to follow appropriate procedures outlined by the state during assistance with self-administration of medications to one of six sampled residents, (Resident #7).

Findings included:

Record review for Resident 7 showed medications: 200 mg, #1, 3 - 125 mg, Famotioine 40 mg, 40 mg, 3 mg and Silver sulfadizine scheduled for 7:00 am.

On , 2018 at 7:40 am, observed the Administrator assisting Resident 7 with self-administration of medications scheduled for 7:00 am. Observed Administrator touching with bare hands all medications given to the resident.

Class III

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

Based on record review and interview, the facility failed to provide proof of a current written work schedule for three of seven sampled staff, (Staff #A, #B and #D) that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Record review of background screening in the system showed Staff A, C, E and F as current staff for the facility. Record review of the written work schedule posted on bulletin board showed a schedule for

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calendar days to for Staff A, C and G.

On , 2018 at 3:01 pm, the Administrator stated, "I have no idea how Staff G is in the schedule; she has not been with us I think since 2012 and only worked for few days."

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observations, record review, and interview, the facility failed to ensure that at least one person had First Aid and ( ) training in the facility at all times.

Findings included:

On , 2018 at 6:48 am, observed Staff B and Staff D with the residents who were having breakfast at the dining area. Observed Staff B helping residents all day during survey. Observed Staff D seating outside back area using the phone. Observed at 7:15 am, a truck arriving to the facility and picking up Staff D.

Staff record review revealed Staff B and D did not have personnel records which included completed Aid and training.

On , 2018 at 6:50 am, Staff B stated, "Staff D does not work here, Staff D is a neighbor and comes walking to visit one of the residents, I am here replacing Staff C who is sick, I have been here for a week". Staff D stated, "I do not work here, I am visiting Staff B."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and record review, the facility failed to follow or update the breakfast menu that affected all six residents and one adult care participant.

Findings included:

On , 2018 at 6:55 am, observed the residents seating at the dining table having breakfast. Breakfast observed, cafe con leche, toasted bread with butter and water.

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Record review of the facility's menu showed for , 2018 at breakfast time, juice, dry or cooked cereal, 1 piece of bread with butter and milk.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment free of hazards. The facility failed to provide privacy to two of six sampled residents, (Residents #2 and #6).

Findings included:

On , 2018 at 7:10 am observed a shared , Residents 2 and 6 with one commode located between both beds. Observed at 7:30 am, the kitchen ceiling stained and cracked in two areas. Observed two chairs in the dining table loose.

On , 2018 at 7:10 am, Staff B stated, "The commode is used during the night by both residents".

On , 2018 at 2:30 pm during the exit conference, the Administrator stated, "What happened in the ceiling is from the last hurricane."

Class III

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

Based on observations, record review, and interview, the facility failed to ensure two out of six sampled staff had a completed personnel record at the facility (Staff B and D).

Findings included:

On , 2018 at 6:48 am, observed Staff B and Staff D with the residents who were having breakfast at the dining area. Observed Staff B helping residents all day during survey. Observed Staff D seating outside back area using the phone. Observed at 7:15 am, a truck arriving to the facility and picking up Staff D.

Staff record review revealed Staff B and D did not have personnel records which included completed employment applications with employment dates of hire, level II background screenings and the following training: First Aid and ( ) control, residents rights

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and recognizing and reporting , neglect and , emergency preparedness and evacuation and nutrition and safe food handling.

On , 2018 at 6:50 am, Staff B stated, "Staff D does not work here, Staff D is a neighbor and comes walking to visit one of the residents, I am here replacing Staff C who is sick, I have been here for a week". Staff D stated, "I do not work here, I am visiting Staff B."

On , 2018 at 12:00 pm, Resident 1 stated, "Staff C is in the hospital, Staff D comes here occasionally and talks with us."

On , 2018 at 1:20 pm, Resident 7 stated, "Staff D cooks sometimes and sleeps in the living Staff B."

Class III

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

Based on record review and interview, the facility failed to maintain the resident's , ( ) form signed and dated by the residents or power of attorney for six of six sampled residents (Residents #1, #2, #5, #6, #7 and #8) and one adult care participant (#4). The facility failed to follow up on , ( ) for one of six sampled residents (Resident #8).

Findings included:

Record review for Residents 1, 2, 5, 6, 7, 8 and for Adult Care participant 4 showed a & advance directives policy form signed and dated stating, "I do have a (if yes I will provide a copy to the facility). Record review for all residents and day care participant showed a blank form.

Record review for Resident 8 showed on the resident's account log, the amount of $70.80 received for the months of , and of 2018. Record review of the ALF Income / Expense Statement showed the amount of $70.80 received for the months of , and , 2018. For the month of showed no money received.

On , 2018 at 2:30 pm during the exit conference, the Administrator acknowledged that none of the forms were completed, dated and signed by the residents or their power of attorney and stated, "I will get together with their families and doctor and I will fax them to you by this Friday". The

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administrator acknowledged that a follow up on the was needed.

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 proof of signed and dated attestation documentation for four of seven sampled staff, (Staff A, B, C, and D).

Findings included:

Record review revealed Staff A, B, C, and D did not have completed attestation documentation signed and dated.

On [redacted], 2018 at 2:30 pm during the exit conference, the Administrator acknowledged that the forms were not available.

Unclassified

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

Based on record review and interview, the facility failed to register through the clearinghouse for two of seven sampled staff, (Staff B and D). The facility also failed to notify any change of employment status of employees within ten business days.

Findings included:

Record review of the clearinghouse database showed Staff E as the Administrator, Staff F employed for the facility with an expired background check. Staff B and D were updated on the roster.

On [redacted], 2018 at 2:30 pm during the exit conference, the Administrator acknowledged that Staff B did not have a background check and stated, "Staff D does not work for me, I am the only Administrator, Staff E is no longer here; I took over about 3 years ago, Staff F does not work here anymore, left 2 years ago."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observations, record review, and interview, the facility failed to ensure that all staff had an eligible Level II background screening prior to providing care to residents (Staff B and D).

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Findings included:

On , 2018 at 6:48 am, observed Staff B and Staff D with the residents who were having breakfast at the dining area. Observed Staff B helping residents all day during survey. Observed Staff D seating outside back area using the phone. Observed at 7:15 am, a truck arriving to the facility and picking up Staff D.

Background screening system showed Staff B and D did not have eligible background screening status.

Staff record review revealed Staff B and D did not have personnel records which included completed employment applications and level II background screenings.

On , 2018 at 6:50 am, Staff B stated, "Staff D does not work here, Staff D is a neighbor and comes walking to visit one of the residents, I am here replacing Staff C who is sick, I have been here for a week." Staff D stated, "I do not work here, I am visiting Staff B."

On , 2018 at 12:00 pm, Resident 1 stated, "Staff C is in the hospital, Staff D comes here occasionally and talks with us."

On , 2018 at 1:20 pm, Resident 7 stated, "Staff D cooks sometimes and sleeps in the living Staff B."

Unclassified