STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967939	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **MERCEDES & FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 NW 183 STREET** **MIAMI GARDENS, FL 33055**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on at Mercedes & Family ALF (license #11927) with Limited Mental Health component had the following deficiencies identified at time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to have one of six (#4) sampled residents meet continued residency criteria.

Findings included:

Interview on at 9:30 am Staff B stated, "She is not walking anymore. She has declined and we are in the process to admit her to hospice services. Family is aware and we just waiting on the doctor order for hospice evaluation."

Observation on at 12:00 pm found Staff B was feeding Resident #4.

Record review revealed Resident #4's health assessment dated revealed the resident needed assistance eating and self-administration of medication. The facility failed to have an updated health assessment.

Interview on at 12:00 pm Staff B revealed, "Resident #4 is eating pureed, and we feed her daily. Resident #4 takes her medication crush, and she is not able to assist with her medications anymore. She has a doctor order to crush medication." Personnel records show the facility did not have licensed staff to administer medications to Resident #4.

Record review revealed that Resident #4 had a doctor order for crush all her medications dated . Resident #4 had the following medications (am/pm) : , DR 20 MG, , HCTZ 10-12.5 MG, 1 mg, 1 mg, Polyethylene 3350 PO, 325 mg , Memantne 10 MG, D3 2000 unit, 500 mg, Silver 1% cream, DP 0.5%, 5 mg and 500MG.

On at 12:40 pm the facility received a doctor's order for hospice evaluation with a diagnosis of functional decline and for Resident #4.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on at 12:40 pm Staff B stated, "Hospice will come to make the evaluation for Resident #4."

Class III

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

Based on observation, record review and interview, the facility failed to have written documentation for one of six (#4) sample resident that had changes in their health.

Findings included:

Interview on at 9:30 am Staff B stated, "She is not walking anymore. She has declined and we are in the process to admit her to hospice services. Family is aware and we just waiting on the doctor order for hospice evaluation."

Record review revealed that Resident #4's progress notes or observation log did not have any written information regarding Resident #4 health changes.

Observation on at 12:00 pm found Staff B was feeding Resident #4.

Interview on at 12:00 pm Staff B revealed, "Resident #4 is eating pureed, and we feed her daily. Resident #4 takes her medication crush, and she is not able to assist with her medications anymore. She has a doctor order to crush medication."

Class III