STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	R **07/30/2018**
NAME OF PROVIDER OR SUPPLIER **MGR HOME #2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13620 S W 119 STREET** **MIAMI, FL 33186**	

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

0000 - Initial Comments

Surveyor: Chantez, Lourdes

A Change of Ownership revisit survey was conducted on . . , . . , 2018 at MGR Home #2, Inc. (License 11907) had the following deficiency identified at the time of survey:

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

Based on observation and interview, the facility failed to keep centrally stored medications locked at all times.

Findings included:

On . . , . . , 2018 at 10:22 am during tour, observed in the unlocked staff's . . , a bag of prescribed and labeled medications for all the residents.

On , , 2018 at 10:22 am, Staff D stated, "These are the medications of the residents for next month; we just received them."

Class III