STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966183	R **07/24/2018**
NAME OF PROVIDER OR SUPPLIER **CORDERO RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4510 SW 106 AVENUE** **MIAMI, FL 33165**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview the facility failed to store a minimum amounts of fuel supply (48 hrs.) on the property in accordance with local zoning and the Florida Building Code. The facility failed to provide a detailed written policies and procedures to serve as a supplement to its Comprehensive Emergency Management Plan (CEMP) that should be available for inspection by each resident or each resident's legal representative. The facility failed to notify within 5 business days in writing each resident and the resident's legal representative of the existence of the equipment.

Findings included:

On , , 2018 at 9:30 am, observed outside the property a concrete storage with a portable generator and 8 empty fuel tanks stored inside. At 10:35 am, observed a five gallon container of gasoline stored outside, behind the concrete storage.

Record review of the facility showed no documentation of written policies and procedures. Review of all resident records showed no documentation that a written notice of the existence of the generator had been provided.

On , , 2018 at 11:20am, the Administrator acknowledged that the facility did not have a written notice in the resident files and stated, "The procedures were done by the consultant, I have to pick them up and pay the consultant".

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966183	R 07/24/2018
NAME OF PROVIDER OR SUPPLIER **CORDERO RESIDENCE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4510 SW 106 AVENUE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An abbreviated biennial revisit was conducted on , 2018 at Cordero Residence, Inc. License number 10430. The facility had the following deficiencies at the time of the survey:

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 failed to provide a safe living environment to two of six sampled residents, (Residents 4 and 6).

Findings included:

On , 2018 at 9:00 am, observed Residents 4 and 6's beds with 1/2 bed rail located in the middle of the bed with a knob that needed to be unscrewed for the rail be removed. The position of the rails caused them to function as a full bed rail.

A review of resident records showed that both residents had a prescribed 1/2 bed.

On , 2018 at 9:00 am, Staff H stated, "They can not remove it themselves, we do it for them".

Class III

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

Based on observation and interview, the facility failed to keep prescribed and over the counter medications locked and out of the sight of all residents.

Findings included:

On , 2018 at 9:15 am, observed inside the unlocked refrigerator at the kitchen, eye drops for Resident 6 amd Lantus medication for Resident 4. Observed inside an unlocked closet located inside the unlocked office, prescribed Megestrol suspension, Robafen syrup, syrup medications for Resident 3 and unlabeled over the counter medication.

On , 2018 at 11:20 am, the Administrator acknowledged all the issues and stated that they would speak with hospice nurses in reference to the medications that they kept inside the refrigerator.

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Class III