STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	**08/31/2018**
NAME OF PROVIDER OR SUPPLIER **MIDWAY RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **93 SW 79 COURT** **MIAMI, FL 33144**	

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

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

Based on interview and record review, the facility failed to ensure staff had current and up to date background screening 2 of 6 staff sampled (A & B).

Findings included:

On an employee record review revealed Staff A was hired on and had an expired background screening as of . Staff B had no updated background screening on file.

On at 9:00 am an interview was conducted with Staff C. Staff C identified Staff A and Staff B as resident caretakers at the facility.

On at 2:00 pm in an interview, the owners reported that they were not aware Staff A's background screening had expired. The Owners reported Staff B had background screening clearance to work in a childcare facility, but not to work in an Assisted Living Facility. No background screening documentation was presented for Staff B.

Unclassified Deficiency

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY RETIREMENT RESIDENCE	**93 SW 79 COURT MIAMI, FL 33144**

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted], 2018 and concluded on [redacted], 2018. Midway Retirement Residence (License #6647) with a Limited Mental Health component had the following deficiencies identified 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 honor the resident's rights by not obtaining a physician's order prior to using bed rails ( ) on 5 of 12 sampled residents' beds (Resident's #1, #7, #8, #9, and #12).

Findings included:

On [redacted] at 8:55 am, Resident's #1, #7, #8, #9, and #12 beds were observed with half bed rails which could be used as barriers to prevent resident's from exiting.

On [redacted], a record review of resident's file's revealed Resident's #1, #7, #8, #9, and #12 did not have a physician's order for bed rails.

On [redacted] at 2:25 pm in an interview, the Owner reported that bed rails are not used frequently, but may be used as a measure to prevent [redacted] out of bed. The Owner confirmed that bed rails were not ordered by a physician for the sampled residents and that the residents did not request the rails and were unable to remove them on their own.

Class III

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

Based on observation and interview, the facility failed to ensure that prescribed medications for three of twelve sampled residents, (Residents #1, 5, and 6) securely stored and out of the reach of all residents at the facility.

Findings included:

On [redacted] at 2:50 pm, an observation revealed medication prescribed to Residents #1, #5 and #6 was unsecured on the Administrator's desk.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 3:36 PM an interview was conducted with the Administrator and Owner of the facility. The Administrator stated the reason why medications have not been organized and stored today, is due to Agency for Health Care Administration (AHCA) being present and "in the way" to properly store the medications.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review, the facility failed to adhere to the physicians order for prescribed medications for two of twelve sampled residents, (Resident #3 and 5).

Findings included:

Review of the medication observation records (MORs) revealed Residents #3 and 5's 8:00 am medication had not been given.

On at 9:00 am, an interview was conducted with Staff C. Staff C stated she has not given the medications to Resident #3 because she did not wake up in the morning at the prescribed time ordered by the doctor. Staff C stated Resident #5 does not like to wake up early as well and has not been given his medications for the same reason.

On at 9:49 AM a medication pass observation was conducted. Staff C was observed assisting Resident #3 with medication that was ordered to be given at 8:00 am.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis to 1 of 5 sampled staff members (Staff D).

Findings included:

On a review of Staff D's personnel file revealed a freedom from ( ) statement dated . Staff D did not have evidence of a negative examination documented on an annual basis.

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SUMMARY STATEMENT OF DEFICIENCIES
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On . . . . at 4:51 PM an interview was conducted with the Owner. The Owner stated he did not have a status for the staff member and stated that he could not locate the most recent health statement for the reviewed staff member.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on interview and record review, the facility failed to ensure unlicensed facility staff who provided assistance with self-administered medication completed the annual 2 hours continuing education training on providing assistance with self- administered medication training and safe medication practices for 3 of 5 sampled staff members (Administrator, Staff C and D.)

Findings included:

A personnel record review revealed the Administrator's most recent medication training update was dated . Staff C's most recent medication training update was dated . Staff D's most recent medication training update was dated . . . . Staff D's training was dated . . . . , which had a future date.

On . . . at 4:51 PM an interview was conducted with the Owner. The Owner stated on the date of the survey . . . . his staff member's (Administrator, Staff C and D) were out of compliance. The Owner then stated he arranged to have all employee's take the 2 hours continuing education training on providing assistance with self- administrated medication training on . . . . . Course completion certificates of 2 hours continuing education training on providing assistance with self- administered medication for staff member's (Administrator, Staff C and D) dated . . . . was provided to the Surveyor on . . . . .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to maintain sufficient fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain . . . temperatures at or below 81 degrees for 12 residents. Additionally, the facility failed to develop and implement a written policy to ensure that staff members can effectively and immediately activate, operate and maintain the alternate power source as any fuel required.

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Findings include:

On at 10:00 am, an environmental safety tour was conducted with the facility Owner. Eight (8) large (empty) fuel containers were observed.

On a record review of the facility's policies and procedures revealed the provider did not have a written policy to educate and direct staff on how to operate and maintain the facility's alternate power source (generator).

On at 10:00 am in an interview the Owner stated that no fuel was stored onsite. The Owner stated fuel would be purchased once a hurricane watch is issued. The Owner stated that he was not aware of the requirement to have written policies and procedures for operating and maintaining the generator.

Class III