

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966371	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER GABLES MANOR ENTERPRISES II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 670 EAST 57 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on 09/06/2018. Gables Manor Enterprises II, Inc. (License #10608) had deficiencies identified at the time of the survey:

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to provide documentation of staff retraining regarding adverse incident reporting.

Findings included:

Review of the facility's admission /discharge log during a routine reinspection showed Resident # 6 on 09/06/2018. Review of the adverse incident report database showed that there was no documentation that the facility reported the resident. A second review of the incident report database on 09/06/2018 showed that there was still no documentation of the incident report.

Personnel record review revealed there was no written evidence that the staff had been re-trained on a policy of reporting adverse incidents.

On 09/06/2018 at 10:40 AM, the Administrator stated that the trainer trained re-trained them on reporting adverse incidents but did not provide the certificates.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an incident report within 1 business day after the occurrence of an adverse incident for 1 out of 7 sampled residents (#6).

Findings included:

Review of the admission / discharge log revealed that Resident # 6 was found at the facility on 09/06/2018.

Review of the incident report data base revealed that there was no one day or 15 days incident report for Resident # 6.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/19/2018
FORM APPROVED**

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filed for Resident # 6. On at 9:05 AM, the Administrator stated that her consultant told her that she was on vacation and had not done the incident report because she was busy, and that she would do it right away. Uncorrected Class III		