

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED 10/04/2018
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	

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

0000 - Initial Comments

A financial monitoring survey was conducted on and concluded on Petshirl Group Home, Inc. with Limited Mental Health component (license #11895) had 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 and interview, the facility failed to honor the resident's rights by opening the and walking into 1 of 5 resident's (Resident #1) without awaiting the resident's permission and consent to enter.

Findings include:

On at 2:09 PM observed the Administrator open the and walked into Resident #1's knocking and waiting permission to enter.

On at 2:40 PM in an interview the Administrator stated she did not knock on the door and wait for the resident's response because she thought the resident was sitting in the living and that the empty.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain a daily medication observation record (MOR) for 1 of 5 residents (Resident #2) who received assistance with self-administration of medications.

Findings include:

On at 2:03 PM record review revealed the medication observation record had not been signed for Resident #2. Two of Resident #2's 9:00 AM medications and a 12:00 PM medication had not been signed off as given.

On at 2:40 PM in an interview the Administrator stated she got busy and forgot to sign the MOR. She stated that the resident had received the medication as ordered.

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Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to dispose of abandoned/expired medication as required for 1 of 5 Residents (Resident #3). Findings include: On at 2:03 PM observed a medication for Resident #3 which was prescribed/filled on or about and was to be used or discarded by On at 2:40 PM in an interview, the Administrator stated that she did not know there was any medication still at the facility for Resident #3. She stated resident #3 was discharged from the facility for many years. The administrator stated that she was too short to reach the back of the top shelf of her storage cabinet, where the expired medication was found, to realize that any medication had been left behind when the resident move on. Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on record review, observation, and interview, the facility failed to obtain a revised directive in writing, signed by the resident's health care provider authorizing a change in medication administration for 1 of 5 residents (Resident #2). The medication orders for Resident #2 stated medication should be taken in the morning and repeated at various intervals during the day. The assisted living facility failed to ensure that a change in directions for use of a medication was authorized and signed off on by the resident's medical provider. Findings include: On at 2:03 PM a record review revealed Resident #2's medications had not been offered or administered as required. Two of Resident #2's 9:00 AM medications had not been offered On at 2:03 PM observed Resident #2's medication packets. Two bubble pack slots marked 9:00 AM for had not been opened or offered, the medication was still enclosed.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

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On at 2:40 PM in an interview, the Administrator stated she was told the medication was for pain so she does not give the medication unless the resident asks for it. She stated she was aware the order called for medication to be given daily, at various times, but she did not want to just give the resident medication for pain if it was not requested. Class III 0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC Based on record review and interview, the facility failed written income and expense records for the last six months. Findings include: Record review revealed the facility did not have income and expense records for the last six months. On at 2:33 PM the Administrator stated that her daughter takes care of the financial records. She confirmed the facility did not have completed income and expense records. On the facility faxed bank statement records to the Agency. Class III		