

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911035	(X3) DATE SURVEY COMPLETED 10/12/2018
NAME OF PROVIDER OR SUPPLIER ST ANNE'S RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 11855 QUAIL ROOST DRIVE MIAMI, FL 33177	

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

0000 - Initial Comments

A complaint (CCR#2018015146) survey was conducted on _____, 2018 and concluded on _____ 12th, 2018. St Anne's Residence with Extended Congregate Care component, license #5277, had the following deficiencies identified at the time of the survey:

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

Based on observation, record review, and interview, the Assisted Living Facility failed to keep medications locked at all times.

Findings included:

1) On _____ at 11:35 AM, Resident #3 was in _____. There were two red sharp containers on each side of the _____ top of residents' dressers. There were medications at the top of the dresser: Over the Counter- Chewable Iron with _____ C and _____ and labeled _____ Lact 12% lotion- apply to feet and legs twice daily. The labeled medication had Resident #3's name.

On _____ at 11:35 AM, Resident #3 revealed that the nurses gave her medications and took her sugar in morning, afternoon and evening.

Review of Resident #3's record revealed that health assessment completed on _____. The resident needed assistance with self-administration of medication.

2) On _____ at 11:49 AM, on _____ there several medications on resident dresser and inside drawers. At the top of dresser there multiple boxes of lancets and test strips for Resident #4; also there was a bottle of _____ nasal spray. There were inside a clear drawer : _____ Ointment USP, 2%, _____, triple _____ Cream USP, _____ crème with aloe, _____ and _____ Cream USP 1%, _____ USP 0.05%. None of them were labeled.

Review of the facility's census showed Residents #4 and #5 shared _____.

Review of Resident #4's record revealed the health assessment was completed on _____. The resident needed assistance with self-administration of medication.

Review of Resident #5's record revealed the health assessment was completed on _____. The

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resident needed assistance with self-administration of medication.

3) On at 12:13 PM, Resident #6 had medications in one of the drawers in . The medications were nasal spray and lubricant eye drops. The box of lubricant eye drop showed expiration date , 2018.

Review of Resident #6's record revealed the health assessment was completed on . The resident needed assistance with self-administration of medication.

4) On at 12:19 PM, there were medications inside . Resident #2 was in the . The medications were on the , in storage container and at bedside. Medications were: Voltaren gel (gel 1%), / ointment Salonpas (pain relieving patch), and Sterile A.C. (expired on). There were multiple single use vials at one of the bedside tables.

Review of Resident #2's record revealed the health assessment was completed on . The resident needed assistance with self-administration of medication.

On at 12:30 PM, there were medication in on top of resident bed. There was a box of PICOT- and citric , a bottle of , Cream, ointment, Dragon- pain relief cream, and lubricant eye relief.

Class III

D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the Assisted Living Facility failed to provide a decent living environment to the residents and ensure that the facility was maintained.

Findings included:

On at 10:36 AM, the light in the hallway at the entrance of did not turn on.
On at 10:44 AM, had a brownish spot on the ceiling tile near the window and dust in the air conditioner. There was a rust stain near the toilet on the sidewall.
On at 10:51 AM, there was a dark brown stain on the tile above the shower in .
On at 11:10 AM, in there was a loose baseboard near the air condition. There was a black discolored electrical plate near the air conditioner and humidity in the wall around the air

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conditioner. The a stench odor. On at 11:20 AM, there was a strong unpleasant odor in On at 11:28 AM, there were discolored stains on the bottom of the shower curtain in On at 11:42 AM, the shower curtain in had discolored stain at the bottom. On at 11:49 AM, the baseboard around the shower from the wall on On at 11:56 AM, the air conditioner had dust in On at 12:20 PM, the shower curtain had dark spots on the bottom in On at 12:30 PM, the shower drainage in was loose. On at 12:36 PM, the light did not work in There was no light noted in the The window was broken. On at 12:44 PM, in there were three hats on the bottom of the closet; the navy blue hat was dirty with grayish spots. The other two hats was dirty and dusty. On at 1:28 PM, the maintenance director reported that the stain in may have come from the plumbing. At 1:30 PM, he explained the problem in ceiling of may have come from a leak from the second floor. At 1:36 PM, the maintenance director explained that when the electrical plate is not secured to the wall, it caused condensation like in He further explained the air condition need to be repaired because the humidity may have caused the baseboards to become loose. On at 1:41 PM, the risk manager explained the resident's daughter does his laundry (108). She further explained the resident having at times and the red stain may be She added that the resident changed clothes often and hang dirty clothes back in the closet. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the Assisted Living Facility (ALF) failed to have a completed health assessment for two out of six sampled residents (#1 and #2). Findings included: Review of Resident #1's record revealed the health assessment completed on It showed that the resident needed supervision and assistance with dressing. On at 2:13 PM, the ALF supervisor revealed that Resident #1 needed supervision with		

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dressings. Class III		