STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	R **10/25/2018**
NAME OF PROVIDER OR SUPPLIER **RONA'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **10900 SW 177 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 10/22/2018 and concluded on 10/25/2018. Rona's Retirement Home with limited mental health component, license number #5566 had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to accurately document assistance with self-administration of medications as required for 1 of 3 sampled residents (Resident #6). The facility pre-signed the medication records prior to the time dictated that the medications should be offered .

Findings:

On at 10:12 AM a review of the medication records revealed a 6:00PM medication (, MES 1 MG) for Resident #6 was signed for . The prescription order called for one tablet to be administered daily by mouth at bedtime.

On at 10:20 AM in an interview the Administrator stated that she did not sign the medication record and was not aware that it had been signed.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to maintain and update the admission and discharge log for 1 of 3 sampled residents (Resident #6) as required.

Findings:

A review of the facility's admission and discharged log did not reflect that Resident #6 was discharged from the facility. Additionally there was no information as to where he was discharged and to who's care.

On at 10:20 AM in an interview the Administrator stated she didn't have time to complete the admission and discharge because the survey team showed up unannounced while she was cleaning the facility and taking care of residents.

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On ..... at 10:25 AM the Administrator was observed updating the admission and discharge log. She wrote that Resident #6 was discharged into his sister's care at 9:45 AM on .

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on record review and interview, the facility altered the medical records of one out of three sampled residents (Resident #3). The administrator added no known ◡ and wrote the medical diagnoses on Resident #3's health assessment.

Findings Included:

A review of Resident #3's health assessment revealed she was admitted to the facility on . . . . . The resident's last assessment was completed on . . . . . The record indicated she needs assistance but is alert. She has a . precautions listed. She has a regular diet. The health assessment noted ◡ as "None" and her diagnosis as " & Old Age". A monthly assessment note was last completed on . . . . . which reported no behavior changes. The health assessment presented two different handwriting styles, some information was written in print, other information was written in cursive.

On . . . . . at 10:20 AM the Administrator stated she filled in additional information on Resident #3's health assessment which the doctor left blank because she knew the condition of the resident and the doctor did not. She stated, she wrote " . . . . . + Old Age" in the "Medical History and Diagnosis" section and she wrote "None" in the "Known . ◡ " in the section.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z827 - Unlicensed Activity - 408.812 FS

Based on observation and interview, the facility was found to be operating without a license. The facility had a census of 3 residents residing in an unlicensed location.

Findings included:

On at 9:55 AM observed in the unlicensed location, # had a bed with no bedding. # had two beds, the occupied, observed men's clothing and the beds had bed sheets placed.

On at 7:29 AM, arrived at unlicensed facility located directly behind licensed facility.

On at 7:31 AM, observed a caregiver and Staff F of the licensed facility, walking through the backyard of the licensed facility to the backyard of the unlicensed. He was observed waving his hands, directing three gentleman from the unlicensed facility. The men were led to through an open gate that separates the two facility and directed towards a side porch at the licensed facility. The men were standing very still against the wall. Attempted interviews with the residents. One resident exited facility's grounds and continued down the street.

On at 7:40 AM Staff F stated that the men lived in the licensed facility.

On at 8:15 AM Resident #2 stated that his located in the unlicensed facility and that the administrator and her husband are his caregiver.

On at 8:42AM, the Administrator was observed accessing the back gate between the licensed and unlicensed facility, entering the unlicensed facility. Minutes later, she was observed exiting the unlicensed facility with her arms filled with clothing and other personal items.

Notice of unlicensed activity was given to the Administrator.

Unclassified