

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

0000 - Initial Comments

A Standard survey was conducted on 09/26/2018 at Flamingo Care LLC with a Limited Mental Health component (License#11525). Flamingo Care LLC had deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed medical examination within 30 days of admission for one of three sampled residents (Resident # 1).

Findings included:

A review of the facility's admission/discharge log reflected Resident #1 was admitted on 09/26/2018.

A review of Resident #1's record revealed that the health assessment was missing the Physician signature and date.

On 09/26/2018 at 10:00 am Staff B acknowledged that Resident #1's health assessment was not complete.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record of significant changes that resulted in the provision of additional services to prevent falls for one of three (#2) residents sampled.

Findings included:

A review of Resident #2's health assessment showed diagnoses of, "Benign prostatic hyperplasia (BPH), hearing and Gait." Lumbar

A review of the resident record revealed written information about that Resident #2's on 09/26/2018 that stated, "... had hit the left side of this head and left elbow. The fall was coming from the elbow and his head. The head showed signs of a hematoma. Patient was worried and assessed for further physical injury and mental status changes. Vital signs was taken. Mrs. Kaplan and daughter

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
notified. Patient was taken to Hospital for further assessment." There was no hospital documentation for Resident #2. On at 10:35 am Staff A stated that the facility took action after Resident #1 . (first time happened). She further stated that the facility provided a bed alarm, which would activate if the resident stood up; he had a half bed rail; and the staff usually tour at night. Staff A stated 'However, we increase the night tour for Resident #2.' Staff A also stated that the facility provided a log for Residents' tour for each shift and per each month. Staff B did not provide that written information. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC Based on record review and interview the facility failed to provide documentation of elopement training for one of three sampled Staff (Staff F). Findings included: Personnel record review revealed no documentation that Staff F (hired) received training regarding elopement. Interview on at 12:00 pm Staff A acknowledged that Staff F did not have elopement training in the file. Class III 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on observation, record review and interview, the facility failed to have proof of current First Aid and training for one of six (D) staff sampled. Findings included: Observation on at 8:10 am revealed that Staff D was working alone with a census of three residents. Record review revealed that Staff D (hired) did not have an update documentation of current First Aid and training. Staff D's last First Aid and training was dated		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162
--	--

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

A review of the staffing pattern showed Staff D working from 8:00 am - 8:00 pm, Staff C from 9:00 am - 3:00 pm and Staff G from 8:00 pm - 8:00 am.

On at 1:09 pm Staff C confirmed that she arrived at 9:00 am, and she would leave the facility at 3:00 pm. In addition, Staff C stated that Staff D arrived at 8:00 am today (), and would leave the facility at 8:00 pm.

Class III

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

Based on observation, record review and interview, the facility failed to ensure two of seven (Staff C and D) sampled staff received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

Finding included:

Observation on at 8:10 am revealed that Staff D assisted Residents #1 and #2 with self-administration of medication.

Record review revealed that Staff D (hired) had a six-hour medication training dated . Staff C (hired) had a six-hour medication training dated .

Interview on at 8:10 am Staff D stated that she assisted with self-administration of medication to Residents 1-3.

Interview on at 1:09 pm Staff C stated that she assisted with self-administration of medication to Residents 1-3.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on observation, record review and interview the facility failed to have documentation of training in Nutrition and Food Service for two of seven sampled staff (C and D).

Findings included:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Observation on at 8:00 am revealed Staff F living the facility. Observation on at 12:00 pm revealed Staff C and D preparing and serving meals (in the kitchen) for Residents (1-3). Record review revealed that Staff F was the cook, but she was not t reflected in the facility working daily. Personnel record review revealed that Staff C and Staff D both had a Nutrition and Food Service training record on file dated On at 12:30 pm, Staff B stated Staff F was the cook. Staff C stated that Staff F was the facility's cook, and she left the food prepared. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview the facility failed to ensure sufficient supply of drinking water in an emergency. The facility failed to have the regular and therapeutic menus reviewed annually by a licensed or registered dietitian, and/or a licensed nutritionist. Findings included: Observation during tour at 8:10 am facility have a census of three residents. Observation on during tour at 9: 00 am revealed that the facility have 1/2 plastic gallons in the water machine, and seven empty gallons stacked on the corner of the kitchen. Interview on at 9:00 am Staff B stated, "We have a contract with a company." Record review revealed that the facility posted a menu reviewed from - at the bottom of the menu, and at the top of the menu, it had 2018, which did not reflect the Dietitian signature. Interview on at 1:00 pm Staff B states that the Dietitian updated and reviewed the facility menu this year (2018). Interview on at 1:02 pm the Dietitian states that the facility requested a copy of her licensed, but		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162
--	--

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

the facility did not request a review or update of the facility menu. The Dietitian stated that she did not review or update the facility menu this year (2018).

Class III

D162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview, the facility failed to have a consent and a Doctor's order for the use of half bed rails for one of three residents sampled (#2). The facility failed to have a Doctor's order for self-administration of medication () for one of three residents sampled (#1).

Findings included:

Observation on at 8:10 am revealed Resident #1 was receiving administration.

Record review revealed that Resident #1 did not have a Doctor order that stated that Resident #1 could administered himself.

Record review revealed that Resident #1 had a Doctor's order (dated) for (100 mg) to inject five units into the skin 3 times daily 15 minutes before meals for 30 days. The Doctor's order showed the residents's diagnosis as Type 1 . However, it did not state that Resident #1 could administer the by himself.

On at 8:30 am, Staff D stated, "Resident #1 administers all his medications. Then, we sign the Medication Observation Record after he takes all his medications."

Record review revealed that Resident #2 had a half bed rail in his bed, but there was no Doctor's order and/or consent for the use of a half bed rail.

On at 1:09 pm, Staff C revealed that Resident #2 needed assistance to come out from the bed with the half bed rail up , and it was to prevent Resident #2 from falling again.

Class III

D167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview, the facility failed to provide a contract for three of six sampled residents (#1).

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings included: Record review revealed no signatures and/or monthly rate on the contract in Residents #1's file. Interview on at 11:00 am Staff B acknowledged that there was no contract in Resident #1's file. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to have the emergency management plan reviewed annually. Findings included: Record review revealed no documentation of a current emergency management plan (2018) submitted and/or approved. On at 2:00 pm, Staff A stated that she sent the emergency management plan , but she was still waiting for the approval. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED 09/26/2018
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the center failed to maintain the employment status of two of seven sampled staff within the background screening clearinghouse (H and I).

Findings included:

Record review revealed that the staffing pattern did not reflected Staff H and I working in the facility .

A review of the background screening database showed Staff H, J and I as facility employees.

On . at 1:00 pm, Staff B stated, "Staff H and I are not working here for a long time, such as a month ago." In addition, Staff B stated, "We added Staff J in the roster, but she still did not start to work and we have no record for her, yet."

On at 1:09 pm, Staff C stated, "Staff H is not working here since Resident #2 () ." In addition, Staff C stated, "Staff I stopped working here long time ago, such as, more than a month.

On . at 2:00 pm, Staff A stated, "Staff J has not started to work, but she is listed on the roster. I have no record from her because she has not started to work."

Unclassified