STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	**11/09/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Complaint (CCR #2018013049) Survey was conducted on , 25 and concluded on 9, 2018. Senior Retirement Home (license #7813) had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to provide proof of a satisfactory annual inspection.

Findings included:

Review of the fire inspection revealed that it was conducted on . The facility did not have an updated fire inspection.

On at 10:04 AM the Administrator stated they had called the fire department and they were behind.

Class III

0027 - Resident Care - Arrangement for Health Care - 58A-5.0182(3) FAC

Based on record review and interview the facility failed to arrange medical care for one out of seven sampled residents (#1) sampled who had multiple , and was admitted to the hospital with severe , . Resident #1 later , .

Findings included:

On at 9:52 AM an Adult Protective Investigator revealed she saw Resident #1 in the hospital. Resident #1 looked disheveled and had multiple , .

Resident #1 was admitted to the hospital on with a diagnosis of severe , and , . Records stated Resident #1 was bed bound and contracted. Hospital records revealed the admission nursing assessment stated the resident had , upon admission. On photographic evidence from the hospital dated showed resident had multiple , : one unstageable on left hip, one unstageable on right hip, a in the sacrum, an unstageable on right foot, and a left foot closed .

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SENIOR RETIREMENT HOME, INC	**3033 SW 6 STREET MIAMI, FL 33135**

SUMMARY STATEMENT OF DEFICIENCIES
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Facility progress notes stated Resident #1's doctor came to see her on and the facility informed him that they had noticed changes in her (the notes did not specify what change in the condition was observed). The note stated that the doctor instructed the staff to observed the resident. Additional progress notes showed that on the resident woke up with purple discoloration. The notes did not specify the location of the discoloration, but the Administrator stated at 11:10 AM that it was on the resident's heels. The facility staff spoke to the resident's son, who decided to place his mother under hospice care because he did not want anything else being done for her. On at around 11 AM, the staff were waiting for hospice orders and the resident was not looking well. The Administrator stated "Rescue was called, rescue did not want to take her to the hospital and we insisted and they took her to hospital."

On at 10:48 AM the Administrator stated, "Resident #1 had both heels purple but there were no open wounds. She came from the hospital and was here for 10 days. She did not come with the heels like that. She did not have any in the hips.

On at 11:01 AM Staff C stated, "Resident #1 came had no wounds in her feet but her fingers and feet were purple. She had no in her hip."

On at 1:09 PM phone interview with Staff D revealed, "Resident #1 did not have , , I never saw them, not even in her feet. Her feet would turn purple because of bad circulation but she did not have ."

Review of Resident #1 had a health assessment completed on revealed she required supervision with eating and assistance with the rest of her activities of daily living; she had no wounds and her needs could be met at an assisted living facility. She had diagnosis of , , and , Incontinency.

Review of Resident #1's record revealed there were no notes stating that the resident had , and no notes stating she was receiving care and what the facility had done to avoid worsening of the , .

Class II

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

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	AL11911859	**11/09/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

Based on record review and interview the facility that serve one or more mental health residents failed to obtain a limited mental health license.

Findings included:

Review of the facility's license revealed that the license was standard.

Review Resident #7's health assessment completed on . . . . . revealed a diagnosis of , ... and .

On at 9:54 AM Resident #7 stated, "I receive the $54.00 every month. I started receiving it 3 months ago. I am . . . . . because I am . . . . , ... and I also have , , , , but since I am here I have not had any ."

On at 9:58 AM the Administrator stated regarding Resident #7, "she has mental problems and receives $54.00 Owner give it to her."

Class III