

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969065	(X3) DATE SURVEY COMPLETED R 11/08/2018
NAME OF PROVIDER OR SUPPLIER SHARON'S SENIOR SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2270 NW 64TH ST MIAMI, FL 33147	

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

0000 - Initial Comments

A Standard Biennial revisit survey were conducted on 11/ / and concluded on / / Sharon's Senior ALF, Inc. had deficiencies at time of the survey (lic# 12954) :

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 health assessment for 1 of 6 (Resident #3) within 30 days of admission.

Findings included:

Record review revealed Resident #3 (admitted / /) did not a completed health assessment within 30 days of admission to the facility.

Interview on / / at 3:00 PM the Administrator acknowledged the resident records were not updated and completed.

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, updated as needed, of any significant changes, any illnesses that resulted in medical attention, or other changes that resulted in the provision of additional services for 2 of 6 (Resident #s 2 and 6) sampled residents.

Findings included:

1) Interview on / / at 8:15 am Staff B stated, "Resident #2 was no longer living in this facility. Resident #2 left the facility this Tuesday (/ /).

Record review revealed that the facility did not have Resident #2 's doctor order and the daily administration of / / documented from / / - / / . Resident #2's file did not have any written information of her last hospitalizations and discharge information, the progress notes form was blank. Resident #2 went to the hospital on / / .

2) Interview on / / at 10:45 am Staff B revealed Resident #6 went to the hospital for a medical

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procedure.

Record review revealed Resident #6 had hospital documents dated and (returned same day), but Resident #6's progress notes and/or observation log had no information of the hospital visit or any procedures completed there.

Uncorrected Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and record review, the facility failed to ensure that licensed staff provided . . . administration for 1 of 6 sampled residents (Resident #2).

Findings included:

The medication records provided for Resident #2 showed Lispro administration three times a day and Glargine nightly. The dosages and glucose monitoring were initialed and documented by unlicensed staff at the facility.

Interview on at 3:15 pm the Administrator revealed Resident #2 administered her The facility was not provide an order that revealed Resident #2 was able to administer her

Resident #2's health assessment dated stated, "Type 2 and" Health assessment stated that Resident #2 had Chronic Kidney (. -4). In addition, Resident #2 needed assistance with self-administration of medication, and she had a right upper and lower extremity

Class III

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

Based on record review and interview, the facility failed to have medication observation records (MORs) and the facility failed to ensure that the medications were offered one hour before or after the scheduled time documented on the MOR for 3 of 6 (Resident #s 3, 4, and 5) sampled residents.

Findings included:

1) During facility tour on at 8:25 am, observed a locked box with one pen which belonged

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to Resident #4. Record review revealed the facility did not have administration information for Resident #4. In addition, the facility did not have the order for Resident #4. Interview on at 10:00 am, Staff B revealed Resident #4's was administered at the program, with the exception of the weekends and/or holidays. In addition, Staff B stated that the nurses signed the in/out log and the medication observation record (MOR) for Resident #4. The MOR for the month of /2018 was not in the facility. In addition, the facility's in/out log did not have the nurses' signatures documented on the weekends for Resident #4. 2) Medication pass observation on at 8:30 am found Staff B assisting Resident #6 with self-administration of medication (0.4 mg, 81 mg, 5 mg, Succ ER 25 mg, and more). Record review revealed that Resident #3's medications (81 mg, 25 mg, 100 mg and more) were initiated by Staff D, who worked the previous shift from 7:00 pm - 7:00 am, as given on at 9:00 am. Record review revealed that Resident #4's medications (5 mg, Dred 100-25 mcg, 20 MG and 30 mg) were initiated by Staff D, who worked the previous shift from 7:00 pm - 7:00 am, as given on at 9:00 am. Record review revealed that Resident #5's medications (81 mg, 75 mg, 1 mg, 40 mg and Nifedipine CC 60 mg) were initiated by Staff D, who worked the previous shift from 7:00 pm - 7:00 am, as given on at 9:00 am. Interview on at 10:40 am Staff B stated, "The previous staff provided the assistance of self-administration of medication for Residents 1, 3, 4, and 5. I started to work at 7:00 am, and I only assisted with self-administration of medications to Resident #6 at 8:30 am." Uncorrected Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times for 5 of 6 (Resident #s 1, 3,		

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4, 5 and 6) sampled residents. Findings included: Observation on at 8:15 am - 8:31 am showed Staff B working alone with a census of five residents. Observation showed the residents' medications inside the kitchen cabinet (unlocked). Medications were under the name of Residents 1,3,4,5 and 6. Staff B was walking towards the residents' and left the kitchen cabinet door open. During an interview on at 9:00 am, Staff B acknowledged that kitchen cabinet was unlocked, and the Residents 1, 3, 4, 5 and 6's medications were unlocked. Uncorrected Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, the facility failed to provide evidence of a negative examination on an annual basis for 3 of 4 sampled staff (Staff A, B, and C). Findings included: Personnel record review found Staff A (the Administrator)'s last exam was dated , Staff B's last exam was dated , and Staff C's last exam was dated . The facility did not have evidence that staff had negative examinations annually. On 11/11/18 at 11:00 am Staff B confirmed that the facility did not have updated documentation at the facility. Uncorrected Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC Based on record review and interview, the facility failed to have updated medication training for 1 of 4 (Staff B) sampled staff annually. Findings included: Medication pass observation on at 8:30 am found Staff B assisting Resident #6 with		

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self-administration of medication (. 0.4 mg, 81 mg, 5 mg, Succ ER 25 mg, and more). Personnel record review found Staff B's last medication training was dated On at 11:00 am, Staff B revealed she was unable to attend the medication training. Uncorrected Class III 0160 - Records - Facility - 58A-5.024(1) FAC Based on observation, record review, and interview the facility failed to have an up-to-date admission and discharge log. Findings included: Observation on at 8:20 am revealed the facility had five Residents. Review of admission/discharge log revealed that the facility had six residents. Interview on at 8:20 am Staff B stated, "Resident #2 is no longer living in the facility. Staff B left the facility on Tuesday (.) because she had a 45 days' notice." Uncorrected Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have completed records for the residents which included a signed consent form for an unlicensed staff to assist with self-administration of medications, a completed demographic sheet, and weights recorded at admission and semi-annually for 5 of 6 (Residents #s 1, 3, 4, 5, and 6) sampled resident. Findings included: Record review revealed Resident #1 (admitted)'s last weight was documented on Resident #1 needed assistance with activities of daily living. The facility did not have Resident #1 legal guardianship documentation or a completed advance directives form completed.		

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Record review revealed Resident #3 (admitted) did not have any weights recorded at admission. Record review revealed Resident #4's medications observation record initiated on Resident #4 had a health assessment reflected that the resident needed assistance with self-administration of medications. Resident #4's record did not have a sign consent for an unlicensed staff to assist with self-administration of medications. Record review revealed Resident #5 (admitted) did not have a complete demographic information. It was missing emergency contact, physician and insurance information. Record review revealed Resident #6 (admitted)'s last weight information dated and Interview on at 3:00 PM the Administrator acknowledged the resident records were not updated and completed. Uncorrected Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review and interview, the facility failed to have fuel onsite for 48 hours to run the generator. The facility also did not written information that residents were notified of the facility's power plan. Findings included: Observation on at 9:00 am revealed the facility did not have fuel onsite to power the generator. Record review revealed that the facility did not have the emergency power plan and/or comprehensive emergency management plan in the facility. In addition, facility does not have written information of each resident/resident representative in writing of the implementation of the plan. Observation on at 10:00 am revealed Staff B is searching through the facility's administration book; however, she could not find the comprehensive emergency management plan (CEMP). Interview on at 10:00 am Staff B states, "We have no fuel."		

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