STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967871	R 11/19/2018
NAME OF PROVIDER OR SUPPLIER **PETSHIRL GROUP HOME, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8361 N E 3RD AVENUE** **MIAMI, FL 33138**	

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

0000 - Initial Comments

A Follow Up Visit to a Financial Monitoring Survey was conducted on 11/19/18. Petshirl Group Home, Inc. with Limited Mental Health component (license #11895) had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to maintain an accurate daily medication observation record for one out of five sampled resident who received assistance with self-administration of medications (Resident #4).

Findings included:

In an interview on at 8:57 AM, the Administrator stated "I have four residents, three here and one, Resident #4, is in the hospital since .

Review of the facility's Medication Observation Record (MOR) on showed , Fum 100 mg tablet was signed off as given on 11/19/18 for Resident #4.

Medication reconciliation revealed that last time the medication was given in the morning was on and the medication for was still in the pack as well as the dosage for noon on . Further review showed that the night dosage of , MES 2 mg tablet was signed off as given on at night. Medication reconciliation revealed that the medication was still enclosed in the pack dated .

During an interview on at 11:49 AM, The Administrator stated "Staff B did not put the right thing. He supposed to put H for hospital."

Uncorrected Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log.

Findings included:

Arrived at the facility on at 8:57 AM and found staff with a census of three residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

A review of the facility's admission and discharge log on revealed that the facility had a total of five residents.

In an interview on around 9:00 AM, the Administrator stated "I have four residents. Three here and one in the hospital.

During an interview on at 9:32 AM, the Administrator stated "Resident #2 is not here anymore. I have to put her discharged date, the 8th of ."

Class III