STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME #4**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 1 TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 14, 2018. Maggie's Retirement Home # 4 ALF (License #7978) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS

Based on observation, record review, and interview the facility failed to have a signed consent form for the use of side rails for one out of 10 sampled residents (#7).

Findings included:

During a tour of the facility on at 9:53 AM observed half side rails attached to the bed that belonged to Resident #7.

Review of the record of Resident #7 revealed a prescription for half bed rail was written by her doctor on , there was no signed consent to use half bed rails.

On at 11:20 AM stated that she will contact Resident # 7's representative to sign the consent for side rails.

Uncorrected Class III

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

Based on record review and interview the facility failed to have listed on the medication observation records for two out of 10 sampled residents (#1).

Findings included:

Review of the record of Resident #5 revealed she was to and her medication observation record stated NKDA (no known drug).

On at 1:05 PM Resident # 5 stated, "I am to . When I was a kid they gave me and had an reaction, so never more."

Review of the record of Resident #8 revealed the health assessment stated the resident was to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME #4**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 1 TERRACE** **MIAMI, FL 33126**	

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

On at 1:06 PM Resident #8 stated that he was not to .

Uncorrected Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have an accurate health assessment for one out of 10 sampled residents (# 7).

Findings included:

Review of the record of Resident #7 revealed she was admitted to hospice services on . The health assessment completed on stated resident was under hospice services, required assistance with ambulation and assistance with self-administration of medication.

On at 12:10 PM Staff E stated Resident # 7 was not able to walk.

On at 12:48 PM Staff H stated that hospice was administering the medications.

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME #4**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 1 TERRACE** **MIAMI, FL 33126**	

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 facility failed to maintain the status of all employees within the clearinghouse.

Findings included:

Review of the facility's roster in the clearinghouse database revealed that Staff D was on the roster. Staff F was listed with an end date and Staff G was not in the roster.

On at 11:20 AM Staff H stated that Staff D was no longer working at the facility. Stated she had made the changes in the roster but she did not know what had happened.

Unclassified