| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964927 | 11/19/2018 |
| NAME OF PROVIDER OR SUPPLIER<br>**RICHLAND RETIREMENT SENIOR HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3508 SW 26 STREET MIAMI, FL 33133** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey was conducted on 11/06/2018 and concluded on . Richland Retirement Senior Home had deficiencies identified at the time of the survey:

**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 illness for three out of fourteen (Resident #1, #2 and #3) sampled residents.

Findings included:

Review of Resident #1's record document she was admitted to the facility on and has a diagnosis of , history of open surgery, , and . The Health Assessment dated indicated she was independent with ambulation, toileting and transferring, and needed supervision with the rest of the activities of daily living. Admission & Discharged log showed that Resident #1 was admitted on and discharged home on .

Review of Resident #2's record document he was admitted to the facility on and has a diagnosis of , and . Health Assessment done on indicated she was independent with grooming and eating, and needed assistance with the rest of the activities of daily living.

Resident #3 record document she was admitted to the facility on and has a diagnosis of , less of appetite, , and . Health Assessment done on indicated she needed supervision with eating, and assistance with the rest of the activities of daily living.

Medication Observation record review showed that Resident #1 was at the hospital on and did not return. Resident #2 was at the hospital to and on to . Resident #3 was at the hospital and did not returned.

Interview conducted on at 8:50 AM, Staff C stated that Resident #1 was weak and unable to stand up on . Her physician sent an ambulance and she was transferred to the hospital, she still remains there. Resident #2 was transferred to hospital on and on . He had difficulty to swallow. Resident #3 was transferred to hospital on and at the hospital.

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SUMMARY STATEMENT OF DEFICIENCIES
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Residents #1, #2 and #3's records did not have documentation that their primary physician and family members were notified.

Class III

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

Based on observation, and interview, the facility failed to follow procedures when assisting with medication to two out of twelve (Resident #9 and #10) sampled residents. The facility failed to assist the residents with self-administration of medications within one hour of the ordered timeframe for ten out of twelve (Resident #2, #4, #5, #6, #7, #8, #12, #13, #14, #15) sampled residents.

Findings included:

Observation on at 6:35 AM showed Staff C assisted Resident #9 and #10 with their medications. She took the tablets out from the package and put them in a cup. She walked to the dining area and gave the cup to the resident.

Medication reconciliation conducted on at 6:40 AM showed Residents #2, #4, #5, #6, #7, #8, #12, #13, #14, and #15 received their medications. Medication Observation Record showed that the medications were ordered at 8:00 AM.

Interview conducted on at 7:30 AM, Staff C confirmed Resident #2, #4, #5, #6, #7, #8, #12, #13, #14, and #15 received their medications and that she did not followed the correct procedure.

Class III

Based on observation, record review, and interview, the facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained.

Findings included:

On at 9:05 AM a record review revealed the facility did not have a written policy detailing and instructing staff oh how to operate and maintain the generator.

In an interview on at 9:20 AM, the Owner stated that he did not have and did not see the need

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

to have a written policy regarding the operation of the generator because it is affixed . He stated that the generator automatically comes one once the power goes out. He reported staff would only have to go and check the generator, and do a manual start, if the generator did not come on for so reason.

Class III