STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	**11/27/2018**
NAME OF PROVIDER OR SUPPLIER **BMA ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12381 SW 144 TERRACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/27/2018. BMA Assisted Living Corp with limited mental health component had the following deficiencies identified at the time of the survey:

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review and interview the facility failed to conduct at least two elopement drills annually.

Findings included:

A review of the facility records on , revealed that the facility did not have documented elopement drills.

During an interview on , at 12:55pm the Administrator acknowledged the elopement drills had not been conducted.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the correct procedure as outlined in Florida Statutes, when assisting 1 out of 1 sampled resident with self-administration of medications (Resident #2).

Findings Included:

On at 12:32 PM Observed Staff B assist with self-administered medication to Resident #2. Staff B put gloves on, then handed a cup of water to the resident. The staff stated the wrong name of the medication to the resident.

On 12:35 PM Staff B stated that she gave the resident the correct medication, but that she got with the names.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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Based on record review and interview, the facility failed to provide documentation of a negative examination required on an annual basis for 4 out of 4 sampled staff (Staff A, B, C, and D).

Findings included:

A review of the administrator's employee file showed the hired date was and the last physical examination was completed on .

A review of the Staff B's employee file showed the hired date was and the last physical examination was completed on .

A review of the Staff C's employee file showed the hired date was and the last physical examination was completed on .

A review of the Staff D's employee file showed the hired date was and the last physical examination was completed on .

On at 1:11 PM the administrator stated "We will complete the physical examinations, some of the staff already have on Friday."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to maintain an accurate written work schedule.

Findings included:

On at 9:05 AM observed Staff B was alone in the facility assisting residents.

A review of the staff schedule showed Staff A and B were schedule from 7:00 AM-7:00 PM, and Staff C was scheduled from 7:00 PM-7:00 AM.

On at 9:50 AM the administrator arrived , she stated she was scheduled to work tha day with Staff B, but she'd had to step out of the facility for a moment."

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Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to provide documentation of a current First Aid and training for 2 out of 4 sampled staff (Staff A and B).

Findings included:

On at 9:05 AM observed Staff B was alone in the facility assisting residents.

A review of Staff A's employee file showed the last First Aid and training expired on .

A review of Staff B's employee file showed the last First Aid and training expired on .

On at 10:00 AM the Administrator stated that she did not realized the First and trainings were expired and that she would renew them.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to ensure that 4 out of 4 sampled staff had documentation of current training on assisting with self-administered medication or on the minimum of 2 hours of continuing education training on providing assistance with self- administered medications. (Staff A, B, C, D,)

Findings Included:

A review of the administrator's employee file showed the last assistance with self-administered medication training was received on and there was no documentation the administrator received the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

A review of Staff B's employee file showed the last assistance with self-administered medication training was received on and there was no documentation the staff received the minimum of 2 hours

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of continuing education training on providing assistance with self-administered medications.

A review of Staff C's employee file showed the last assistance with self-administered medication training was received on and there was no documentation the administrator received the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

A review of Staff D's employee file showed the last assistance with self-administered medication training was received on and there was no documentation the administrator received the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

On at 1:12 PM the administrator stated "We already scheduled the for the medication trainings."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards and failed to maintain appurtenances in good repair.

Findings Included:

During the tour on at 9:10am observed a bathroom tile broken and a dining room chair broken. Resident #6 did not have a dresser.

An interview was conducted with the administrator on , at 12:42 pm and she stated she was aware of the broken ceiling tile and broken dining room chair. The Administrator stated she would ensure Resident #6 received a dresser.

Class III

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

Based on records review and interview, the facility failed to have a completed health assessment for 3 out of 3 sampled residents (Residents # 1, 2 and 6).

Findings Included:

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A review of resident files showed no health assessment for Resident # 6. Resident # 1's health assessment did not indicate known , , medical history, diagnoses, physical or sensory limitations, or behavioral status, nursing and treatment and services, special precautions, whether or not the resident require help with taking her medications and date of examination. Resident # 2's health assessment showed the resident need medication administration by a license staff.

On , at 12:42 pm the Administrator stated she would request the health assessment from the doctor for Resident # 6. The Administrator stated Resident #2 needed assistance with self-administration of medications by non-license staff and the doctor checked the wrong box on the health assessment. The Administrator stated she would ensure the health assessments were completed.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview the facility failed to keep the required amount of fuel stored for 48 hours onsite and the facility did not have a Monoxide detector.

Findings Included:

During observation on , at 12:20 pm the Administrator went to the garage and showed the generator. No fuel was observed onsite. No Monoxide detector observed in the facility.

On , at 12:20pm the Administrator stated she did not have fuel for the generator but she would get the fuel when there was an emergency. The Administrator also stated she did not have a Monoxide detector but would buy one.

Class III

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

Based on record review and interview, the facility failed to provide documentation of an updated annual Community Living Support Plan for 1 out of 2 sampled residents (Resident #2).

Findings included:

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A Review of Resident #2's file showed the resident was admitted on and the health assessment dated showed medical history and diagnoses: , Dyslipidemia, , and . The resident is receiving , , . Further review revealed the last interim annual community living support plan in file was dated .

On at 1:15 PM the Administrator stated "Yes, I am behind on my paperwork, and I will make sure I contact her case manager to get a new support plan."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure 3 out of 4 sampled staff completed the limited mental health training (Staff B, C, and D).

Findings included:

A review of the facility license showed a the limited mental health component.

A review of Staff B's employee file revealed the staff was hired on , and there was no documentation that the staff completed the mental health training.

A review of Staff C's staff file revealed the staff was hired on , and there was no documentation that the staff completed the mental health training.

A review of Staff D's staff file revealed the staff was hired on , and there was no documentation that the staff completed the mental health training.

On at 1:12 PM the administrator stated "We scheduled the limited mental health training for , ."

Class III