STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964781	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **SRA CARIDAD RETIREMENT HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **12620 SW 37 TERRACE MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/28/18. Sra Caridad Retirement Home Care II had the following deficiencies identified at time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observations, record review, and interview the facility failed to ensure that residents met admission criteria for one out of four (Resident #4) sampled residents who needed total care with activities of daily living.

Findings included:

On at 9:00 AM during tour Resident #4 was found in bed with a half bed rail. Staff C and D on duty stated she was on hospice. Both staff revealed Resident #4 was bed bound and unable to ambulate.

Review of Resident #4's file revealed she was admitted to the facility on . Her health assessment completed on showed medical history and diagnoses: , , , OA, , hospice services. Nursing/ treatment/ , service requirement: None, precautions. She needed total assistance for bathing, , grooming, toileting and transfer. She needs assistance with ambulating and eating.

Review of Resident #4's file had no documentation of an order for hospice evaluation, no documentation proving she was receiving hospice services.

On at 10:12 AM Staff A arrived with orders for Resident #4's bed rails, hospice evaluation, crush medications, and puree diet dated . Staff A stated, "the doctor came to see her last night."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review, and interview the facility failed to have a doctor's order and signed consent for the use of bed rails for one out of four (#4) sampled residents.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:00 AM Resident #4 was observed lying in bed in # with half bed rails.

Review of Resident #4's record revealed that there was no consent and no prescription for use of half bed rails.

On at 10:12 AM Staff A arrived with orders for Resident #4's half bed rails order and stated, "The doctor came to see her last night."

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview the facility failed to ensure two out of four (Staff C and D) received the required 2 hours pre-orientation training.

Findings included:

Review of Staff C (hired) and Staff G (hired) files revealed there was no documentation that they had received the two hours pre-service orientation covering resident rights, the facility license type, services offered by the facility prior to interacting with residents.

On at 4:30 PM Staff A acknowledge the staff did not have the two hour orientation as required.

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 one out of four (C) sampled staff have the initial 4 hours training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Finding included:

Review found Staff C had no documentation she received the initial 6 hours medication training. The only medication training found on file was dated for two hours.

On at 3:45 PM Staff A acknowledged Staff C did not have the initial medications training

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SUMMARY STATEMENT OF DEFICIENCIES
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available.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview, the facility failed to have the 2 hours continuing education in topics pertinent to nutrition and food service for one out of four (A) sampled staff..

Findings included:

Review found Staff A's documentation of the minimum of 2 hours continuing education in topics pertinent to nutrition and food service was a copy which was filled out and had no seal from a licensed dietician.

On at 4:15 PM Staff A acknowledged he did not have the update training.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview the facility failed to have enough fuel stored onsite to power generator and failed to ensure staff received the emergency power plan training for three out of four (B, C, & D) sampled staff .

Findings included:

Observation on at 9:00 AM found that the facility had two five gallons of fuel stored onsite. The amount of fuel on site was not enough to cover 48 hours of power from the generator.

Record review found the facility failed to ensure staff received the emergency power plan training.

On at 4:15 PM Staff A acknowledge the facility did not have enough fuel to power the generator and that the staff did not have the training on emergency power plan.

Class III