STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964762	**01/14/2019**
NAME OF PROVIDER OR SUPPLIER **LOURDES RESIDENCE,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5770 SW 5TH TERRACE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

On , , a standard biennial relicensure survey was conducted at Lourdes Residence, Inc with standard license. Deficiency practice was identified during the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a satisfactory fire inspection report available for review.

Finding included:

Review of the fire inspection revealed it was last approved on and expired on . On The facility did not have documentation of the current fire inspection available for review.

On at 10:00 AM the administrator stated: "We have done everything that is necessary but the fire inspector has not shown up to the facility."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to keep medications locked at all times.

Findings included:

On at 5:30 AM, observed in the refrigerator a metal box unlocked containing the for Residents #2 and 4. (Photos)

On at 9:00 AM the Administrator stated that the box was always locked and probably the nurse that came to the facility the day before had forgotten to lock it. The Administrator further stated that the facility should not be cited because the nurse of the home health agency forgot to lock the box.

Class III

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

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

Based on observations, record review and interview, the facility failed to provide documentation of freedom from communicable . . . . . for one out of six (D) sampled staff.

Findings included:

Review of the personnel files found no records for Staff D. There was no documentation of freedom from communicable onsite for Staff D .

On at 10:00 AM the Administrator acknowledged the facility had no documentation of freedom from of communicable . . . . . for Staff D.

Class III

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

Based on record review and interview the facility failed to provide documentation of the required in-service training for two out of six (D, E) sampled staff.

Findings included:

Review of Staff D's personnel record showed no documentation of training on control or resident rights. Staff D was hired 0/14/18.

Review of Staff E's personnel record showed no documentation of one hour of elopement training. Further review found that staff E had completed 30 minutes of elopement training on .

On at 9:50 AM, the Administrator acknowledged that Staff D's and E's files did not contain records of these trainings.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to have a completed application with references, the Attestation of Compliance, background screening paperwork for one out of six (D) sampled staff.

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)

Findings included:

On at 6:00 AM Staff B was observed assisting residents with bathing.

Review of the employee files found no documentation of Staff D's application with references, eligible Level II background screening , or a signed Attestation of Compliance.

On at 10:00 AM, the Administrator acknowledged she did not have any paperwork for Staff D.

Class III

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

Based on record review and interview, the facility failed to ensure that the health assessment (AHCA form 1823) for one out of six residents was completed in its entirety properly (Resident #2).

Findings include:

A review of resident #2's health assessment dated , page#4, showed: needs assistance with self-administration of medication. At In a phone interview On , the hospice nurse stated that he came to the facility twice a day to provide the medication to the resident and when he could not come another nurse came. He stated that the Resident needed medication administration because she was under hospice care.

On at 9:15 AM the Administrator stated that she was going to contact the doctor to have him fix the health assessment.

Class III