STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969108	**01/04/2019**
NAME OF PROVIDER OR SUPPLIER **AN EXCELLENT CARE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16251 SW 248TH ST** **HOMESTEAD, FL 33031**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018017463) was conducted on . . . . . An Excellent Care ALF had the following deficiencies identified at the time of the survey:

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 honor the resident's rights to be free of . . . . for 1 out of 6 sampled residents (Resident #3) and also failed to honor resident's rights to a 45 days' notice of relocation or termination of residency to 1 out of 6 sampled residents (Resident #1).

Findings Included:

1) On . . . . at 9:45AM, observed Resident # 3 lying in bed with two full side rails in up position. Resident # 3 stated he could not put the side rails down.

Review of Resident # 3 record showed no physician order in file for the use of side rails.

On at 10:30AM, Staff C stated resident moved around in the bed a lot and the full side rails would prevent him falling out of the bed. Staff C also stated resident could not put the side rails down.

2) A review of Resident #1's records showed there was no documentation of a 45 days' notice of relocation or termination of residency from the facility.

On at 10:46 AM the Administrator stated "I had a lady for a few days in for about two days, she was here from another assisted living facility on 137th street. I do not remember her name. She had prescribed as needed medication, I do not remember the name of the medication but it was strong , . . medication that has a lot of , ... I could not give it to her because she asked for it too often. She wanted to take the medication daily. Yes I was managing the medication, I am a registered nurse. That morning she asked for the medication at 6:00 AM and she was upset that I did not give it to her. Her power of attorney called me and asked to please give her the medication in moderation. I told her that I could not give it to her because it was too early for her to take it again. I told her that if she was upset about it, then maybe this assisted living facility was not the right place for her. I returned the check to her power of attorney and she decided to leave."

Class III

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

Based on record review and interview, the facility failed to maintain an accurate daily medication observation (MOR) record for one out of six sampled residents (Resident #5).

Findings included:

A review of the facility's medication observation record (MOR) showed Resident #5 had prescribed [redacted] 20 MG 1 cap daily and [redacted] 10 MEQ 1 tab daily at 8:00 AM, further review of the MOR showed for [redacted] the medication for 8:00 AM was not initialed. A medication reconciliation showed the medication was given for the date indicated.

On [redacted] at 11:20 AM Staff C stated she must have missed the page when she was giving the medication.

Class III

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

Based on observation and interview the facility failed to ensure that all medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times.

Findings Included:

On [redacted] at 10:38 AM, observed an unlocked closet ajar with resident medications stored. Observed a key inside the lock. The closet with medications stored was located in the dining room and accessible to all residents.

On [redacted] Staff C stated the residents understood not to enter the closet and take the medications.

Class II

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

Based on record review and interview, the facility failed to maintain a written work schedule which accurately reflected its staffing pattern for a given time period. The facility work schedule was not readily

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available to residents or their representatives.

Findings included:

Facility record review showed no daily work schedule of the direct care staff was posted or readily available.

On at 10:30 AM, observed Staff C providing care and services to Resident # 4.

On at 1:25 PM, Staff B stated the administrator had the schedule somewhere but she did not know where.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have an up-to-date admission and discharge log.

Findings included:

A review of the facility's admission and discharge log showed it did not list Resident #1.

On at 10:46 AM the Administrator stated "I had a lady (Resident #1) admitted in for about two days, she was here from another assisted living facility on 137th street.

Class III

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

Based on record review and interview, the facility failed to have an accurate and completed health assessment for two out of six sampled residents (Resident #2 and #4).

Findings Included:

A review of Resident #2's filed showed the resident was admitted on . The health assessment dated showed medical history and diagnoses: , type 2, , viscosurgical device, high , , ,

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wheel chair Bound. Physical or sensory limitations: Weak, Poor vision, wheel chair Bound. or Behavioral Status: decline, forgetful, pleasant. Nursing/Treatment: Service Requirements: Meds, Activities of daily living, meals, oral fluids. Special Precautions: Precautions. Per health assessment the resident is not an elopement risk. The resident is total care with care ambulation, bathing, , self-care (grooming), and transferring, and requires assistance with eating and toileting. The resident needs assistance with self-administration of medications. There was no documentation on health assessment that the resident is receiving care.

A review of Resident #2's Hospice plan of care in file dated , in file signed by power of attorney. Crush Medication order in file dated ( ) 2 liters per minute as needed. Full side rails order in file. The resident is receiving care for area , suspected , in the left heel, by nurse. Hospice is administering crushed medication.

On at 11:26 AM the hospice nurse stated Resident #2 had a small on her and that hospice was managing the resident's medication.

Review of Resident # 4 record showed the health assessment did not have a physician's signature, date, and did not indicate what type of assistance the resident needed with medication administration.

On at 1:16 PM, Staff B stated she was not aware the health assessment was incomplete. She stated she would inform the Administrator.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview, the facility failed to have a contract signed by the resident or a legal representative for 2 out 6 sampled residents (Resident #1 and #6).

Findings Included:

A review of Resident #1's records showed there was no documentation of legal contract signed by the resident or a legal representative.

A review of Resident #6's record showed the resident was admitted on and the admission lease and agreement signature page was not signed by the resident or a legal representative. Further review of the resident's file showed there was no documentation the resident had a power of attorney or

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legal guardian.

On at 2:30 PM during exit interview the administrator stated that she did not have a contract for Resident #1 because the resident was in the home for only two days and after she refused to give her the medication, her power of attorney told her she was going to be leaving the facility. She further stated that Resident #6 did not have a legal guardian and his family lived out of town so it was difficult to get them to sign the contract.

Class III