

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965091	(X3) DATE SURVEY COMPLETED 01/17/2019
NAME OF PROVIDER OR SUPPLIER MARILIN ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 7312 SW 16 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on _____ and concluded on _____.
Marilyn Adult Living Facility 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 for one out of nine sampled residents (#4) who was admitted to hospice and had a _____. The facility also failed to have written _____ policies in place that would prevent its residents from sustaining _____ with _____.

Findings included:

1) On _____ at 8:10 AM Staff F stated, "she has a _____ but it is really small."

On _____ at 8:16 AM Staff B stated, "Hospice nurse comes and administers her medication."

Review of Resident #4's health assessment completed on _____ revealed the resident had no _____ and required assistance with self-administration of medications.

On _____ at 8:30 AM a Registered Nurse from hospice arrived to perform _____ care for Resident #4. She stated, "The _____ is getting small and still is a _____. We do _____ care every day."

Review of the hospice's record for Resident #4 revealed she had a _____ on her _____.

Resident #4's last progress note from _____, stating that the resident had deteriorated and the family had made the decision to place her under hospice. There were no progress notes regarding the _____.

On _____ at 12:15 PM during the exit conference administrator stated that she would start writing progress notes at least monthly and when needed for the residents.

2) A review of the facility's policies on _____ revealed no documentation of its written _____ policies that would prevent and protect its residents from sustaining _____ with _____ after having two residents who sustained _____ from previous investigation.

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During an interview on at 10:30 AM, the owner stated "everything is in this file" and provided a Policies & Procedures book. There were no policies on prevention found in the book. Class III		