

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910950	(X3) DATE SURVEY COMPLETED 01/15/2019
NAME OF PROVIDER OR SUPPLIER LEMAR HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 320 NW 183RD STREET MIAMI, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A wellness monitoring survey was conducted on Lemar Home with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey: 0077 - Staffing Standards - Administrators - 429.176 FS; 429.52() , 58A-5.019(1) FAC Based on record review and interview, the facility to report to the state a changed of administrator. The facility also failed to appoint a core-trained administrator. Findings included: Review of the background screening clearinghouse and Florida Healthfinder databases showed Staff A as the Administrator. Staff B was reflected as the administrator of the facility on the background screening database also. However, a record review revealed that on the Core training database, Staff B was not listed as having Core training certification. On at 9:30 am, Staff B stated that Staff A was not working in the facility since a couple of months earlier. Staff B also stated, "I sent the information to AHCA, but they did not change it yet." Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on observation, record review and interview, the facility failed to have an updated negative () test result for four (B, C, D and E) of four staff sampled. Findings included: Record review revealed that Staff B, C, D and E's files showed no documentation of current negative test results. Interview on at 9:30 am Staff B acknowledged that files for Staff Staff B, C, D and E' did not have an updated statement that reflect freedom from . Class III		

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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 three out of five sampled staff who assisted residents with self-administration of medications (C, D and E) received updated training on providing assistance with self-administration of medications. Findings included: Personnel record review revealed no documentation of updated training to assist residents with self-administration of medication for Staff C, D or E . On at 9:00 am, Staff D and E revealed that all the staff assisted residents with self-administration of medication. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC Based on observation, record review and interview, the facility failed to provide documentation of training in Nutrition and Food Service for four of four sampled staff (B,C,D, and E). Findings included: Observation on at 9:00 am revealed Staff D and E cooking and preparing breakfast for Residents 1, 2, 3, 4, 5 and 6. Personnel record review revealed no documentation of updated Nutrition and Food Service for Staff B,C,D, and E . Further review revealed that the last training expired on On at 9:30 am Staff B acknowledged that Staff B,C,D, and E's files were missing the Nutrition and Food Service training documentation. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to have a printed copy of an eligible Level II		

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background screening for one (Staff C) of five sampled staff. Findings included: Record review revealed that Staff C's file (hired) did not have a copy of her background screening in file. A review of the facility's roster in the background screening database revealed that Staff C had an eligible background dated . On at 9:00 am Staff C stated, "I work 7:00 am - 7:00 pm." Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have an accurate health assessment for one (#4) of six sampled residents. The facility also failed to have documentation about home health services for one (#5) of six sampled residents. Findings included: 1) Record review revealed that Resident #4's health assessment stated, "Facility does not meet criteria for resident's needs and it requires residing in a limited nursing facility." On at 9:00 am, Staff B acknowledged that Resident #4's health assessment needed to be updated. 2) A review revealed that the facility was missing Resident #5's care information in his file. Resident had an 1823 that stated, " to be changed every monthly and has a #20/10." On at 9:30 am Staff B revealed that Resident #5 had care under a home health Nurse, and she did not have written information about that. Class III		

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0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approval letter for 2019. Findings included: Observation on . . . at 9:10 am revealed a posted CEMP approval letter dated . . . (2018). Record review revealed no documentation of a Comprehensive Emergency Management Plan (CEMP) approval letter 2019. On . . . at 9:30 am Staff B acknowledged that the facility did not have posted the updated emergency management plan; however, Staff B stated that she would send (by email) an update CEMP approval. Record review revealed that the facility sent a CEMP approval by email dated . . . for 2018-19. Class III		

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to update its employee roster in the background screening clearinghouse database for one (A) of six sampled staff.

Findings included:

A review of the employee roster in the background screening clearinghouse database revealed that Staff A was listed as the Administrator. A review of the Florida Health Finder database confirmed that Staff A was the Administrator.

On . at 9:30 am Staff B stated that Staff A had not been working in the facility for two months.

Unclassified