STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A standard Biennial survey was conducted on . . . . . Guardian Elder Care Services Inc. with standard license had the following deficiencies identified at the time of the visit:

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

Based on record review, observation and interview the facility failed to have accurate health assessment and also failed to have a power of attorney for 1 out of 3 sampled residents (Resident #1).

Findings as follow:

On . . . . . at 11:40 AM Staff C was observed feeding Resident #1.

On . . . . . at 11:50 Staff C stated resident was non ambulatory and needed total assistance with bathing, . . eating, toileting, transferring. Staff C stated that a Hospice nurse administered medications to resident.

On . . . . . at 12:15 PM RN from Hospice stated Resident #1 received medication administration from a Hospice nurse 7 days a week.

Resident #1's health assessment review showed Resident #1 needed assistance with bathing, . . eating, grooming and toileting, and supervision with ambulation and transferring. It also stated the resident was not under hospice care and needed assistance with self administration of medications.

Hospice plan of care on documented Resident #1 was dependent on caregivers for all activities of daily living (ADL).

Record review showed Resident #1's Contract dated . . . . . was signed by her daughter. Further record review showed the facility had no Power of Attorney for the Resident.

On at 1:00 PM the Administrator stated she would request the power of attorney from Resident #1's daughter.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

Based on record review and interview the facility failed to notify 3 out of 3 sampled residents, in writing, of the Emergency Power Plan's implementation (Residents #1, #2 and #3).

Findings as follow:

Residents' record review showed the facility had no the written notification that it had notified residents or their representatives of the Emergency Power Plan implementation.

On [redacted] at 1:30 the Administrator stated she had notified residents and family about the Emergency Power Plan implementation, but not in writing.

Class III