STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969016	R **03/06/2019**
NAME OF PROVIDER OR SUPPLIER **LAS DELICIAS ALF 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **3840 NW 184TH ST** **MIAMI GARDENS, FL 33055**	

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

0000 - Initial Comments

A Complaint (CCR#2018017798) Revisit Survey was conducted on . . 6th, 2019. Las Delicias Alf 2 had the following deficiency identified at the time of the survey:

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

Based on interview and record review, the Assisted Living Facility failed to ensure that Medication Observation Records (MORs) included the name, strength, and directions for use of each medication for three out of five sampled residents (#3, #4 and #5).

Findings included:

Review of MORs for Residents #3, #4, and #5 showed that they did not contain the directions for use of each medication.

On at 12:26 PM, the Administrator revealed that she did not include the instructions for taking the medications on the MORs.

Uncorrected
Class III