STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965173	**03/20/2019**
NAME OF PROVIDER OR SUPPLIER **XIOMARA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4321 SW 1 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , . Xiomara Home Inc. with Extended Congregate Care component had 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 rights in regards to the use of side rails for one out four sampled residents (# 4).

Findings included:

During tour of the facility on at 9:07 AM observed that the bed belonging to Resident # 4 had full side rails attached.

Review of Resident # 4's record revealed that the resident was under hospice services. The prescription for full side rail was dated .

On at 12:50 PM the Administrator stated, "I will get a new prescription for the full side rail."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for one out of six sampled employees (E).

Findings included:

Personnel records review revealed Staff E had the last negative statement dated .

On at 11:20 AM that Administrator stated, "She is already at the doctor."

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965173	**03/20/2019**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on observation, record review, and interview the facility failed to have an accurate health assessment for one out of four sampled residents (#4).

Findings included:

Review of resident #4's record revealed that she has been receiving hospice services since . . . . . .
The last health assessment was completed on and stated that the resident was under hospice services, required supervision with eating and total with ambulation, bathing, transferring, grooming, and toileting.

On at 10:00 AM the Administrator stated that all her residents walk.

On at 11:13 AM observed Resident # 4 standing up from the recliner and walking to the bathroom with assistance of Staff B.

On . . . . . at 12:50 PM the Administrator stated, "The health assessment is wrong, she walks with assistance, stands up with assistance and we assist her to the restroom when she wants to pee."

Class III