STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	**03/07/2019**
NAME OF PROVIDER OR SUPPLIER **MARY'S EXTREME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6107 SW 26TH STREET MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Relicensure survey with Extended Congregate Care was conducted on [redacted] at Mary's Extreme Care, License #11031. The facility had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to ensure to maintain an accurate, updated and complete Resident Health Assessment (AHCA form 1823) to ensure appropriate care and services were provided, for 1 out 3 sampled residents (Resident # 1).

The findings include:

Review of Resident # 1s' Health Assessment (AHCA 1823 form) dated revealed it was not accurate. The Medical History and Diagnoses are documented as [redacted]. Further review of the form revealed the resident is Bedbound, , disoriented and requires total assistance with all ADLs. During an interview with the Administrator on at 3:15 PM, she stated that Resident # 1 is on hospice. There is no documentation on the AHCA form 1823 indicating that Resident # 1 is on hospice. The Nursing/Treatment/ Service Requirements is left blank.

During and interview with the Administrator on at 4:35 PM, she acknowledged the findings and no additional information was provided.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview and record review, the facility failed to ensure that activities are implemented as scheduled. The facility failed to encourage residents to participate in social, recreational, and other activities in the facility.

The findings included:

On [redacted] at 09:00 AM - 2:58 PM observations were conducted by touring the facility. It was determined that the scheduled activities listed on the activity calendar did not take place. The activity

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schedule was not posted in the common area. The activity schedule was observed posted in the hall way leading to the common area, which made it not visible to the residents.

The activity schedule had the following activities listed with no time frames:

1) Exercise

2) Bingo

3)Exercise

4)Art

5)Exercise

6)Music

On at 4:35 PM, an interview was conducted with the Administrator. She stated the activities did not take place because of the survey that was taking place.

The Administrator acknowledged the findings, and no additional information was provided.

Class

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review and interview, the facility failed to conduct and document at least two elopement drills per year.

The findings included:

On at approximately 2:30 PM the facilities elopement drills were requeste and reviewed. There was only one elopement drill conducted for .

During an interview with the Administrator at 4:35 PM, she acknowledged and confirmed the findings and provided no further documentation.

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Class

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

Based on observation, interview and record review, the facility failed to follow the proper procedure for providing assistance with self administration of medication, specifically keeping all Medication Observation Records (MOR) accurate, up to date, and pre-signing the MOR, for 2 out of 2 sampled residents (Resident # 2 and Resident # 6).

The findings included:

On at 9:15 AM , the medication pass was in progress. A random review of the MOR was conducted for accuracy. It was revealed that the MOR label was not consistent with the label and order from the physician for Resident # 6. The MOR label showed , 40 mg 1 tablet by once daily. The label and order from the physician showed take one tablet by two times a day. Staff A was informed of this.

On at 9:54 AM, medpass observations conducted with Staff A . Staff A sanitized , reviewed the MOR and obtained medications. Put apple sauce in a cup. Crushed the medications. Staff A stated the names of the medication, gave it to resident # 6 , and watched resident # 6 swallow the medication. Staff A did not sign the MOR immediately after. The surveyor reviewed the MOR after the medication was given and the MOR had already been signed. When the surveyor came to observe the med pass Staff A had already signed the MOR before she gave the medications. Staff A pre-signed the MOR for the 10:00 AM med pass conducted with resident # 6.

On at 10: 12 AM, medpass observations conducted with Staff A. Staff A sanitized , reviewed the MOR, signed off on the MOR. Staff A stated I know her medications that is why I signed off on the medications and went forward to obtain medications. Crushed the medications. Obtained a new syringe for the , put on gloves, cleaned off the tube ( ) with wipe. Staff A connected the to resident # 6 and listened for any . Staff A added water to the syringe. Staff A stated 8.45 oz added every 4 to 5 hours. Staff A flushed the g-tube with water. Staff A stated the names of the medications. Staff A did not sign the MOR immediately after. She signed the MOR before the medication was given.

During an interview with the Administrator on at 4:35 PM she acknowledged the findings and provided no additional information.

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Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that medications are stored in a safe and secure manner.

The findings included:

On . . . . . at 10:42 AM during a medication pass, it was revealed that there were extra medications in a cabinet that was unlocked with the door wide open. Staff A continued completing the medication pass while leaving the cabinet with the medications opened. At the time there was 1 resident walking in and out of the kitchen and 3 other resident sitting in the television room on the other side of the kitchen. The cabinet with medications in it remained opened for 15 minutes until Surveyor intervention. The Surveyor notified Staff A. Staff A began to examine the medications for drugs prescribed for residents.

Staff A stated that one of the medications was old , , for Resident # 10 who was a day care resident who is no longer at the facility. Staff A stated that there was an old medication for Resident # 9 who was transferred to another facility. Staff A stated that there was an "as needed" medication for Resident # 2. Staff A stated that there was an "as needed" medication for Resident # 1. Staff A also stated that there were several empty prescription bottles with labels that were also in the unlocked cabinet.

On . . . . . at 4:35 PM, an interview was conducted with the Administrator. She confirmed that the medication cabinet should never remain unlocked while unattended by staff. The Administrator acknowledged the findings and no additional information was provided.

Class III

0076 - ( ) - 58A-5.0186 FAC

Based on interview and record review, the facility failed to establish a . . . . . ( ) policies and procedures that explain its implementation of state laws rules relative to the . . to facilitate the residents for 8 of 8 residents in the facility at this time.

The findings included:

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On a request was made for the facility's policies and procedures for residents to know the the policies and procedures.

On at 2:28 PM, and interview was conducted with the Administrator. She stated she did not have a policies and procedures.

On at 4:35 PM, the Administrator acknowledged the findings and no additional information was provided.

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on interview and record review, the facility failed to ensure that each of their staff members receive the required 1 hour training for Elopement response training , for 1 of 2 Staff member records reviewed (Staff B) .

The findings included:

Review of employee file for Staff B shows she is a direct care staff hired on . There was no documentation on file that the training was completed covering 1 hour training for Elopement response training. The review revealed that the required training was not completed.

On at 4:35 PM, an interview was conducted with the Administrator. She acknowledged the findings and no other additional information was provided.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review, it was determined the facility failed to maintain training certificates or copies of training certificates of any training documented in the facility's personnel file for 1 of 2 sampled staff (Staff B).

The findings included:

During an interview and personnel record review conducted of Staff B's training certificate it was revealed the following training's were completed but the training's were not maintained as a certificate or copies of training certificates in the facility's personnel file:

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1) Reporting Major Incidents Reporting Adverse Incidents. Facility Emergency Procedures dated . . 1 hour - No certificate

2) Resident Rights and Recognizing Reporting . . . . Neglect Training dated . . . . 1 hour - No certificate

3) P & P training dated 1 hour - No certificate

During an interview with Administrator on at 4:35 PM she acknowledged the findings, and no additional information was provided.

Class

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 out of 3 sampled resident records specifically the Health Assessment AHCA Form (1823) were maintained on the premises for Resident # 6 as evidenced by the records not being available for review.

The findings included:

On . . . . at 2:45 PM a request was made to Administrator for Resident # 6's record to review the 1823. The Administrator provided the surveyor with Resident # 6's record, but the 1823 was not located in the record. The Administrator stated that she thinks that Hospice still has the 1823. The Administrator stated that she will contact Hospice to locate the 1823.

During and interview conducted with the Administrator on at 4:35 PM, she acknowledged the findings and no additional information was provided.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to maintain the minimum amount of fuel onsite required for the operation of the alternate power source and failed to notify each resident/resident representative in writing of the emergency plan.

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The findings included:

During an interview with the Assistant Administrator, on at 1:27 PM, she stated that she only had 20 gallons of gas onsite because she feels that the gas will spoil. Review of the Administrator's emergency environmental control plan revealed that she would have 48 gallons of gas onsite.

Further interview with the Administrator on at 1:27 PM, the Administrator stated that she did not send out notification letters to the resident/resident representative in writing regarding the implementation and approval of the environmental control plan.

During an interview with the Administrator, on at 4:35 PM, she confirmed the findings. No additional information was provided.

Class

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure 1 of 2 sampled staff reviewed (Staff B), completed the 2 hours of training within 6 months of hire and 1 of 2 sampled staff reviewed (Administrator), completed the 4 hours of continuing education every 2 years.

The findings include:

1) Record review conducted on , found that Staff B was hired on as direct care staff. There is no documentation in the file that 2 hours of extended congregate care training within 6 months of employment was completed.

2) Record review conducted on , found that the Administrator was hired on . There is documentation in the file of the 4 hours of initial extended congregate care training was completed and 4 hours of continuing education was completed but not in the time frame as required:

a) Continuing Education completed 4 hours - not every 2 years

During interview with the Administrator on at 4:35 PM, she acknowledged the findings and no additional information was provided.

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Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to maintain the Background Screening Compliance Attestation for all employees by having documentation of an Affidavit in the employee's personnel file for 1 out of 2 sampled staff record reviewed, (Administrator).

The findings included:

An employee record review conducted on , revealed no documentation of Affidavit of Compliance with Background Screening Requirements, AHCA Form 3100-0008, in the Administrator's file. The Administrator's personnel record reveal a date of hire of . This form must be completed by the individual and retained by the provider upon hire to attest they qualify for employment and meet the requirements. The requirements include, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.

During an interview with the Administrator, on at 4:35 PM, she acknowledged and confirmed the findings and no further information or documentation provided at that time.

Unclassified