STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911664	04/05/2019
NAME OF PROVIDER OR SUPPLIER **MAYLU RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4751 NW 4TH TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A complaint investigation (#2019000773) was conducted at Maylu Retirement Home on , , and concluded on , , . The facility had deficiencies identified at time of survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to provide a health assessment signed by a health provider for two of seven sampled residents (Residents 1, 2, and 4).

Findings included:

1) Review of Residents 1 and 2's records showed the facility did not have health assessments in the records. Both residents were admitted to the facility on and discharged on .

On , at 11:35 AM, the Administrator stated, "Every time the resident goes to the hospital or the family member requests it, we give the health assessment to them and we do not keep a copy."

2) Review of Resident 4's record showed only the first page of form 1823, Resident Health Assessment for Assisted Living Facilities. The resident's admission date was on .

On , at 11:35 AM, the Administrator stated, "Every time the resident goes to the hospital or the family member requests it, we give the health assessment to them and we do not keep a copy."

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have written documentation for two of 13 sampled residents who were transferred to the hospital for a higher level of care (Resident 1 and 2). Resident #1 was transferred to the hospital from the facility after the resident and had a broken . Resident 2 was transferred to the hospital due to aggressive behavior.

Findings included:

On , at 10:50 AM, the Administrator stated, "We do not have any incident reported because we have not had any or any incident where the resident had to go to the hospital besides

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for poor health."

Review of Resident 1's hospital and ambulance records showed the resident was transferred via ambulance from the assisted living facility to an emergency room on . Address at record, ALF. Diagnosis - "Displaced of right . Complaints of injury. The patient from an upright position. The symptoms began/occurred today. The patient sustained right , , decreased range of motion, deformity, obvious , painful injury, left , deformity painful injury, , anterior aspect of right , right biceps, , aspect of right and right triceps, , decreased range of motion, . In the emergency department, the symptoms are unchanged. Hospitalization ordered by doctor.

Resident 1 was admitted to the facility on and discharged . Resident #1 did not have a health assessment. The facility documented on , the resident hospitalized due to , in side , area; doctor admitting resident to hospital. No additional documentation on why the resident was discharged was documented.

Phone interview on , , at 5:00 PM, the Administrator reported, "She did not at the facility. I can tell you that I am not aware of any or taking her to the hospital." Later, the Administrator stated Resident 1 went to the hospital on the 3rd of , 2018 due to , on her , .

(2) Review of Resident 2's record did not show documentation on when the resident went to the facility from the hospital or the reason for the discharge. Resident #2 did not have a health assessment.

On , , at 10:50 AM, the Administrator stated, "Resident 2's daughter took her to another facility closer to her house."

On at 11:00 AM, Resident 2's daughter confirmed that the resident was transferred to another facility to be closer to her and stated, "She went to the hospital because she got aggressive but the doctors gave her medications and got a lot better."

Class III

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

Based on record review and interview, the facility failed to provide the emergency contact information for one of seven sampled residents (Resident 1).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Review of Resident 1's record showed an incomplete demographic information. The document did not provide the emergency contact name and phone numbers.

On at 11:35 AM, the Administrator stated, "she had her own phone and never gave me the family's contact numbers."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report within 1 business day after the occurrence of the adverse incident and a full report within 15 days to the agency including the results of the facility's investigation into the adverse incident for one of 13 sampled residents (Resident 1) who was transferred to the hospital after suffering a that resulted on a broken .

Findings included:

Review of Resident 1's hospital and ambulance records showed the resident was transferred via ambulance from the assisted living facility to an emergency room on . Address at record, ALF. Diagnosis - "Displaced of right . Complaints of injury. The patient from an upright position. The symptoms began/occurred today. The patient sustained right , decreased range of motion, deformity, obvious , painful injury, left , deformity painful injury, , anterior aspect of right , right biceps, aspect of right and right triceps, , decreased range of motion, . In the emergency department, the symptoms are unchanged. Hospitalization ordered by doctor.

Phone interview on at 5:00 PM, the Administrator reported, "She did not at the facility. I can tell you that I am not aware of any or taking her to the hospital." Later, the Administrator stated Resident 1 went to the hospital on the 3rd of , 2018 due to on her .
Class III