STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	R 03/14/2019
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Biennial Revisit Survey was conducted on 14, 2019. Las Mercedes Boarding Home, with a standard license, had the following deficiencies identified at the time of survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on observation and record review, the facility failed to provide documentation of the annual fire safety inspection or a current health inspection.

Findings included:

On , at 7:20 AM, observed the main fire panel working and had no warning lights on.

Review of the facility's inspections showed a last fire inspection dated and a last health inspection dated .

On , at 1:30 PM, the Administrator acknowledged that current inspections were not available.

Uncorrected
Class III

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

Based on interview and record review, the facility failed to maintain any documentation of reasons for hospitalization for one out of 17 (#17) sampled residents.

Findings included:

Review of Resident # 17's records shows patient discharge instructions from the hospital on . There was no
documentation stating why the resident went to the hospital.

On at 11:38AM, the administrator acknowledged there was no documentation in the residents' records, and stated that she would update all of the records.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	R 03/14/2019
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE** **MIAMI, FL 33145**	

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

Uncorrected
Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to ensure that unlicensed staff were properly trained on the policies and procedures of ( ) for two out of three (Staff G and K) sampled staff members.

Findings included:

On at 9:37AM, Staff G explained that the first step he would take if he finds a resident unresponsive is to call emergency services (911) and follow their instructions.

A record review of Staff K's personnel files shows a certificate of completion for First Aid and training.

On at 11:05AM, Staff K explained she had completed her training in ; however, Staff K admitted she had never completed a practicum and had only taken the written test.

Uncorrected
Class III

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

Based on observation, interview and record review, the facility failed to verify all information was completed on a health assessment for one out of 17 (Resident # 15) sampled residents. The facility also failed to provide a prescription for bed rails for one out of 17 (Resident # 16) sampled residents.

Findings included:

On at 7:25 AM, observed half bed rails were installed in Resident # 16's room.

Review of Resident # 16's record showed an admission date of ; however, records did not have any documentation of a prescription for a half bed rail.

Review of Resident # 15's record showed that the resident's last health assessment dated

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	R 03/14/2019
NAME OF PROVIDER OR SUPPLIER **LAS MERCEDES BOARDING HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3418 SW 23RD TERRACE MIAMI, FL 33145**	

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

was incomplete with sections Physical or Sensory Limitations and Nursing/treatment/ , , service requirements left blank.

On at 11:36 AM, the Administrator acknowledged the residents' health assessment was incomplete and stated that she would get a new one. The administrator also stated that she would get a prescription for a half bed rail for resident # 16.

Class III, Uncorrected

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 14 sampled residents (Resident 1). The resident had to be transferred to the hospital after suffering a at the facility.

Findings included:

At previous visit, Resident 1 was observed with a black , and Staff H confirmed that the resident had a with an injury that resulted on the resident in the hospital.

Review of the incident reporting system for the agency did not show any incidents reported by the facility in the month of , 2019.

Review of hospital records for the resident showed an admission to the emergency room on with a diagnosis of injury of from , hematoma on the right side of forehead. Test results showed no acute and no , , . Review of the resident record showed that the resident needed precautions. There was no documentation of precautions being implemented in the dining area to assist the resident.

On , at 11:30 AM, the Administrator acknowledged the report was not entered in the system.

Uncorrected
Class III