

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964927	(X3) DATE SURVEY COMPLETED 04/12/2019
NAME OF PROVIDER OR SUPPLIER RICHLAND RETIREMENT SENIOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3508 SW 26 STREET MIAMI, FL 33133	

0000 - Initial Comments

A Complaint Investigation (#2019003863) was conducted at Richland Retirement Senior Home on _____, _____ and concluded on _____, _____. The provider had deficiencies identified at the time of 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 ensure one of 14 sampled residents was not tied to a recliner chair (Resident 1). In addition, the facility failed to provide 45-Day notice to five of 14 sampled residents (Residents 2, 3, 4, 5 and 6) who were transferred to another location.

Findings included:

A) On _____, at 12:30 PM, observed Resident 1 sitting on a recliner chair in the living room with a restraint around her waist.

Review of Resident 1's record showed an admission date of . The fast health assessment dated had the following diagnoses: airway with walking , abnormal gait, , kyphosis deformity of , of and . Physical or sensory limitations: , difficulty walking. Walk few steps with walker and human assistance.

On [redacted] at 1:20 PM, Staff C stated, "The problem is that sometimes she wants to get up; her [redacted] are full of [redacted] I do it when she is acting hyper; she wants to get up but I am afraid she will [redacted] because of the [redacted] The owners did not ask me to do it; you can call her son; I would never do it [redacted] without his consent."

On _____, _____ at 3:30 PM, Resident 1's family member stated to be aware that the resident sometimes was restrained by the waist to avoid _____ as she was very fragile.

B) On _____, at 12:30 PM, observed Residents 2, 3, 4, 5 and 6 living at the facility.

Review of the facility's admission / discharge log showed Resident 2 admitted on _____, Resident 3 admitted on _____, Resident 4 admitted on _____, Resident 5 admitted on _____ and _____.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

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Resident 6 admitted on Review of the previous facility records for the residents did not have the 45-Day notice. On at 1:45 PM, the administrator was informed that the residents did not receive the 45-Day notice prior to be removed from the other facility and the administrator acknowledged it. Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to keep centrally stored medications locked and out of the reach of all residents at all times. Findings included: On at 1:00 PM, observed inside the unlocked office, the medication cabinet open and inside, medications for all residents. On at 1:00 PM, the Administrator and Staff B stated the cabinet was open because they were getting medications for the residents. Class III		

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Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC Based on observation and interview, the facility failed to provide access to a locked door inside the property. Findings included: On , observed a locked door located inside the facility's office room. On at 1:12 PM, when asked what was inside the room and requested to have the door unlocked, the owner stated that he does not have the keys to the room with him at the moment and his keys were currently in his house. The owner also explained that the room was filled with personal stuff and then later explained that camera monitors for the facility were in the room. At 1:16 PM, the administrator stated that the room also has cleaning detergents because she's been having her employees steal products from the facility. Unclassified		