STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968509	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **LOS TRES MILAGROS II, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15431 SW 159 STREET** **MIAMI, FL 33187**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an updated employee roster in the background screening clearinghouse database . One out of five sampled staff was not listed (Staff C).

Findings included:

A review of the employee schedule showed Staff B listed as for working Friday through Wednesday from 6 AM through 6 PM starting on . . . . through the end of . . . . .

A review of the background screening clearinghouse database found that Staff B was not listed on the facility's employee roster.

On at 11:20 AM, the Administrator stated that she had informed her consultant to add Staff C to the roster when Staff C was hired; however, her consultant did not add Staff C until the day of the survey.

Unclassified

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0000 - Initial Comments

A relicensure survey was conducted at Los Tres Milagros II, Llc on . . . . . . The facility had deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to immediately update the Medication Observation Record each time the medications were offered or administered for five out six sampled residents (#2, #3, #4, #5 and #6). The facility also failed to ensure the Medication Observation Records (MORs) had a specific the time each medication was administered for one out of six sampled residents (Resident # 1).

Findings:

Review of Residents #2, #3's MORs showed that none of the medications scheduled at 7 PM were initialed on . . . . . .

Review of Resident #5's MORs showed that none of the medications scheduled at 7 PM, 3 PM, 5 PM and 8 PM, were initialed on , , 50 MG scheduled at 4 PM was not initialed the MORs on . . . . . and . . . . . .

Review of Resident #6's MORs showed that none of the medications scheduled at 5 PM and 7 PM were initialed on .

Review of Resident #4's MORs showed that none of the medications scheduled at 7 PM were initialed on . . . . . or the 12 PM on . . . . . .

On . . . . . at 3:25 PM, the Administrator revealed that she did not understand why the MORs were not updated. She stated no excuse for MORs not been signed.

Review of Resident #1's MORs showed that the following medications were scheduled just "AM/PM": . . . . . , . . 325 mg, ... , - . . . . , 25-250, ... 10 GM/15 ml solution, ... 10 mg, 150 mg, 8.6 mg, SSD 1% cream, and , 15 mg capsule.

Class III

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

Based on observation and interview, the facility failed to keep medications in a locked storage at all times.

Findings included:

On at 8:05 AM, there was a jar of in a closet located in the bathroom next to # . The closet did not have door and the bathroom door did not have lock. There was a small blue cartoon box in the facility's refrigerator labeled with Resident #1's name. It was a comfort kit with instructions for opening just in case of an emergency.

On at 8:05 AM, Staff C revealed that the staff left the the previous night when they bathed a resident.

On at 3:26 PM, the administrator revealed that she did not know that Resident #1's hospice medications had to be locked.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to contact the health care provider and request to provide revised instructions for the medications ordered for being use as needed for one out of six sampled residents (#2).

Findings included:

Review of Resident #2's medication observation record revealed that she had an order for HFA 90 mcg inhaler with instructions to inhale two puffs by every six hours as needed. The resident's admission date was on . The resident had two informed consents for unlicensed staff to assist with medications in records; the person appointed as power of attorney signed them on and . The last health assessment completed on indicated that she needed assistance with self-administration of medication.

On at 3:28 PM, the Administrator revealed that she did not know that Resident #2 had an order for an 'as needed' medication. She informed the resident's doctors that the facility was not allow to assist

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them with those medications.

Class III

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

Based on interview and record review, the facility failed to provide updated documentation of a examination and a statement of communicable status for one out of five sampled (Staff E) staff members.

Findings included:

A review of Staff E's records reflected a hire date of and revealed an expired negative ( ) screening and free of communicable statement.

On at 3:38 PM, the administrator stated that Staff E serves as an On Call employee and has not worked for the facility in the past 3 months; however, she will send her to the doctors to get tested in the case Staff E has to work.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to follow its menu. The facility also failed to maintain a 3-day supply's worth of meals consisting of the major 5 food groups for its census of 6 residents of non-perishable foods in the case of an emergency.

Findings included:

Review of the facility's menu posted revealed the scheduled lunch consisted of 1 cup of macaroni with 4 oz. of ham and cheese, cup of beans, 1 slice of bread roll, 1 cup of mixed salad, 1 tablespoon of , and cup of peach.

On at 12 PM, lunch observation showed the residents were served 1 cup of macaroni w/ 4 oz of ham and cheese, 1 slice of bread, cup of beans, and cup of peaches. The residents were not served 1 cup of mixed salad with 1 tablespoon of .

On at 12:17 PM, Staff C stated that she did not prepare salad because she did not read the

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menu properly.

On at 2:30 PM, observed the facility's 3-day emergency food supply and there were less than 12 servings of fruit per day, no vegetables and expired source of starches (2 ½ loaves of bread expired on).

On at 3:15 PM, the administrator stated that she will go grocery shopping this weekend and will throw away the expired bread.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.

Findings included:

On at 8:05 AM, observed a residents bathroom without a locking mechanism, missing a closet door and a shower curtain. Additionally, the closet door where the facility stored their fresh linen was also missing.

On at 3:38 PM, the administrator stated that she would be buying new doors and shower curtain soon.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to provide evidence of an approved Comprehensive Emergency Management Plan (CEMP).

Findings included:

A review of the facility's CEMP reflected an approval date of .

On at 11:30 AM, the administrator stated that she paid her renewal fee on but has yet to receive her approval letter from the county.

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Class III