STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953440	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING RETIREMENT HOMES II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2787-2789 SW 33 AVENUE MIAMI, FL 33133**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted at Assisted Living Retirement Home II on , , to , , . Deficiencies were 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 and interview, the facility failed to maintain adequate control procedures while staff was assisting one out of nine (Resident # 3) sampled residents with self-administration of medication.

Findings included:

On at 7:15AM, observed that Staff G donned new gloves and dropped Resident # 3's medication, , 5mg Tablet, on the floor. Staff G then picked up the medication and wiped the medication with a napkin and proceeded to give Resident # 3 the medication. Resident # 3 then took her medication with a cup of water.

On at 7:30AM, Staff G stated that she got nervous and did not want Resident # 3 to miss her , medication.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the protocol outlined by the State when assisting one out of nine sampled residents with self - administration of medication (Resident # 3).

Findings included:

On at 7:15AM, observed that Staff G donned new gloves and dropped Resident # 3's medication, , 5mg Tablet, on the floor. Staff G then picked up the medication from the floor with her gloves and wiped it clean with a napkin and placed the medication onto Resident # 3's . Resident # 3 then took her medication with a cup of water. Staff G also touched Resident # 3's medication, 20mg Tablet, and placed it onto the resident's .

On at 7:30AM, Staff G explained that she became nervous and did not want for Resident # 3

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to miss her , medication. Staff G also explained that she touched the medication because the medication got stuck in the medication pack.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to verify that the assigned assistant administrator was not , serving as assistant administrator in other facilities.

Findings included:

Review of the facility's background screening clearinghouse roster showed the Assistant Administrator acting as assistant administrator in two additional facilities with hired dates and .

On , , at 2:50 PM, the Administrator stated that the letter on the bulletin board with the administrator and manager information was the one that counted.

Further review of the facility's background screening clearinghouse roster on showed that the roster had been updated to show position other for the Assistant Administrator at the other two facilities.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain minimum staff hours per week to meet the scheduled and unscheduled needs of residents during the hours of 6:00 PM to 6:00 AM. The facility had only one staff taking care of 13 residents, including seven under hospice care, during the night.

Findings included:

Review of the facility's staff schedule for the month of , showed a total of 276 hrs per week:

1 staff 6:30 to 5:30 pm 7 days - 11 hrs. X 7 = 77 hours.
1 staff 7:00 am to 6pm 5 days - 11 hrs. X 5 = 55 hours.
1 Staff 6am to 4 pm 6 days - 10 hrs. x 6 = 60 hours.
1 staff 6pm to 6am - 12 hrs. X 7 days = 84 hours.

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There was only one staff scheduled during the hours of 6:00 PM to 6:00 AM. The staff took care of 13 residents including seven who were under hospice care. Review of all seven hospice resident records (Residents #1, 6, 7, 8, 10, 11, 12) showed that Residents # 6, 7 and 11 were non-ambulatory and needed total care with toileting, transferring and other activities of daily living. The other five needed assistance with all activities of daily living (Residents # 1, 6, 8, 10,12) including toileting, ambulating and transferring. There was no documentation in facility records of a plan for the single staff on duty to evacuate or otherwise assist the non-ambulatory residents in the event of an emergency.

On , , at 2:50 PM, Staff C stated that it was not necessary to have more than one person at night, as all the residents would go to sleep and would keep sleeping during the night.

Class III

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

Based on interview and record review, the facility failed to verify all information was completed on the residents health assessment for two out of nine (Resident #3 and # 4) sampled residents. The facility also failed to maintain resident records onsite for the previous two years for one out of nine (Resident # 5) sampled residents.

Findings included:

On at 10:55AM, when asked for Resident # 5's records, Staff C stated "As new residents come, we remove the files from here, we do not have space for storage."

A review of Resident # 3's records shows their last health assessment was completed on ; however, the section 'Nursing/Treatment/ , , Service Requirements' was left blank.

A review of Resident # 4's records shows their last health assessment was completed on ; however, the sections 'Physical/Sensory Limitations' and 'Nursing/Treatment/ , , Service Requirements' were left blank.

On at 1:15PM, the administrator stated "I receive the health assessments like this from the hospital or doctor's office, it's not my fault the doctor leaves it blank."

Class III

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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 an adverse incident within one business day after the occurrence and provide a full report within 15 days for one of nine sampled residents, (Resident 4) who at the facility and was taken to the hospital for observation.

Findings included:

Review of Resident 4's record showed admission with a new health assessment with bed rails and precautions. Documentation in reference to the was on record with a date of incident .

Review of the facility's incident reports in the system did not show a record for the incident. Last incident reported on 2009.

On , , at 12:43 PM, Staff C stated, "The assistant was taking her a bath and she to her , we called 911 and they took her to the hospital and admitted her for observation; she came with prescription for , ."

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on record review and interview, the facility failed to provide documentation of a current comprehensive emergency management plan (CEMP) approval.

Findings included:

Review of the facility's records showed an expired CEMP dated .

On , , at 2:50 PM, the Administrator and Staff C acknowledged that the CEMP was expired and stated that they just had paid and sent the application few days prior the survey.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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Based on interview and record review, the facility failed to develop written policies and procedures to ensure their facility can effectively and immediately activate, operate and maintain the alternative power source and any fuel required for the operation of the alternate power source during an emergency.

Findings included:

A review of the facility's emergency power plan records showed no documentation of policies and procedures of their emergency power plan.

On [redacted] at 2:50PM, the administrator acknowledged they did not have the written policies and procedures and will develop them soon.

Class III