| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967037** | **04/25/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BERMUDEZ SENIOR CARE INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5301 SW 162 PLACE**<br>**MIAMI, FL 33185** | |

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

**0000 - Initial Comments**

A re-licensure survey was conducted at Bermudez Senior Care Inc. on , , . The facility had a deficiency identified at the time of the 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 honor one out of four sampled residents' rights to be free of (# 1).

Findings included:

During tour of the facility on at 8:45 AM observed Resident # 1 in bed with full side rails up.

Review of Resident # 1's record revealed that the resident had been under hospice services since . The prescription for full side rails was dated . The consent for half bed rail signed on . There was no consent for full side rails.

On at 1:30 PM the Administrator stated on the phone that the resident family lived in New Jersey but there was a daughter that would be visiting her and she would get the consent because she thought that the half side rail consent was good for the full side rail.

Class III