STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968430	R 05/17/2019
NAME OF PROVIDER OR SUPPLIER **VICTORIA'S DEDICATED RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6890 SW 39 TERR MIAMI, FL 33155**	

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

0000 - Initial Comments

A Third revisit to a biennial survey was conducted at Victoria's Dedicated Retirement Home Inc. on . . . . . and concluded on . . . . . . Deficiencies were found at the time of the survey:

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

Based on record review and interview, the facility failed to complete the medication observation records (MORs) for six out of six sampled residents (residents #1, 2, 3, 4, 5, and 6).

Findings included:

Review of the MORS revealed the morning medications had not been marked as given to the residents. Review of the medication cards found the medications were not in the cards.

On at 11:00 AM Staff A stated that the reason why she had not signed the MORs was because she had been up since very early and she was very tired. She usually does it properly but today was one of those days.

Class III

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

Based on record review and interview, the facility failed to have proof of submitting a change of administrator form to the Agency within 10 days of appointing a new administrator.

Findings included:

Employee's file review on found the Administrator that was listed on the Florida Health Finder did not match with the Administrator that was listed on the employees file in the facility. The administrator was hired on .

On at 2:04 PM revealed the facility did not submit a change of administrator form to them.

On at 2:00 PM the Owner was contacted and requested proof of change of administrator because it was still showing the same administrator in the system. She was not able to provide any evidence of submitting a change of administrator form to the Agency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968430	R **05/17/2019**
NAME OF PROVIDER OR SUPPLIER **VICTORIA'S DEDICATED RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6890 SW 39 TERR** **MIAMI, FL 33155**	

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

Uncorrected Class III