STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966064	R 05/02/2019
NAME OF PROVIDER OR SUPPLIER **GUARDIAN ELDER CARE SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8318 SW 162 PLACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Guardian Elder care services on . . . . The provider had deficiencies identified at the time of the visit.

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 1 out of 4 residents' rights (Resident #4) by having the resident restrained to a bed with full bed rails and furniture against her bed.

Findings as follow:

On . . . . . at 9:30 AM Resident #4 was observed in bed with full bed rails. Against the right side of resident's bed was a drawer.

On at 9:30 AM Staff C stated that she put the drawer against Resident #4's bed because she was cleaning the room. Staff C immediately tried to move the drawer, but she could not, because it was too heavy. With great effort she finally moved the drawer to the place she stated it belonged but the drawer did not fit there.

On . . . . . at 11:00 AM the Administrator stated that she was surprised Staff C restrained the Resident with the drawer because she was a very good caretaker.

Record review showed the facility had no full bed rail prescription for Resident #4.

Class III

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

Based on observation, record review and interview the facility failed to have accurate health assessment for 2 out of 4 sampled residents (Resident #2 and #4).

Findings as follow:

On at 9:00 AM Resident #2 was observed in the Living room sit in a wheelchair talking by phone. Resident #4 was observed in bed with full bed rails.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review showed Resident #2's health assssment dated . . . . . stated resident needed total assistance bathing and . . . . . .

Record review showed Resident #4's health assessment dated . . . . . stated resident posed a danger to self and others for , disoriented, aggressive and also stated that resident needed 24 hour supervision.

On . . . . . at 11:00 AM the Administrator stated Resident #2 could bathe and dress by herself with staff assistance. She said Resident # 4 was placed in Hospice on because she was non ambulatory and needed total assistance with bathing, ... , and administration of medications. She acknowledged the health assessments of residents #2 and #4 were not accurate.

Uncorrected
Class III

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

Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC

Based on record review and interview, the facility failed to correct regulatory violations identified by the agency within 30 days of being notified of the deficiency.

Findings:

A review of facility records and regulatory inspection reports showed that the site was notified of a deficient practice regarding resident records on [redacted].

On [redacted] at 11:00 AM the Administrator acknowledged the health assessments of residents #2 and #4 were not accurate.

Unclassified