STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966988	**05/09/2019**
NAME OF PROVIDER OR SUPPLIER **VARADERO RETIREMENT HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15359 SW 23 LANE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Biennial Survey was conducted at Varadero Retirement Home Care, Inc on . The facility had deficiencies identified at the time of the survey:

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on record review and interview, the facility failed to ensure that a third party provider who provided hospice services left documentation for services provided to one out of six sampled residents (Resident #1).

Findings included:

A review of the residents' file on revealed the facility had three plan of care dated , for Resident #1 who was under hospice care. There was no plan of care in file for the month of . Further review showed no documentation of a hospice certification in file for Resident #1.

In an interview on at 1:12 PM, the Assistant Administrator stated "okay."

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 ensure that its Administrator and Assistant Administrator did not serve as the Administrator and Assistant Administrator of another facility. The facility also failed to have a copy of the initial 26 hours CORE training certificate and a copy of the CORE training certificate with the certificate number in file for its Assistant Administrator.

Findings included:

1) A review of the Background Screening Clearinghouse Database on revealed that the facility's Administrator was also listed as the Administrator at another facility and the Assistant Administrator was also listed as Assistant Administrator at another facility.

During an interview on at 1:12 PM, the Assistant Administrator stated "Okay I have to be an employee here and assistant Administrator at the other one."

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2) Further review of the facility's personnel files showed no documentation of a passing Core competency test and the initial 26 hours Core training certificate in file for the Assistant Administrator .

In an interview on at 10:21 AM, the Assistant Administrator went through the file and stated "it is not here."

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to have two out of five sampled (Staff C and D) trained in safe food handling practices and ensure that three out of five sampled staff received pre-service training (Staff C, D, and E).

Findings included:

A review of the facility's personnel files on revealed that the facility had no documentation safe food handling for Staff C hired on 11/03/18. Staff C had a 2 hours of Nutrition & Food services training certificate dated with no certification from the trainer.

In an interview on at 1:12 PM, the Assistant Administrator said "okay."

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to have the number of hours of training program documented on the training certificates issued for three out of five sampled staff (Staff C, D, and E).

Findings included:

A review of the facility's personnel files on revealed that the facility had a Pre-Service Orientation training certificate issued in file for Staff C, D and E with no dates.

In an interview on at 1:12 PM, the Assistant Administrator said "okay."

Class III

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0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have an accurate documentation of its admission and discharge log.

Findings included:

A review of the facility's admission and discharge log on showed that it did not have a place of admission from where Resident #2 was admitted from on .

During an interview on at 1:12 PM, the Assistant Administrator stated "okay."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have references furnished on the application of three out of five sampled staff (C, D, and E).

Findings included:

Review of the facility's personnel files on showed that the facility had an application for Staff C dated with no references, Staff D dated with no references, and for Staff E dated with no references.

In an interview on at 10:21 AM, the Assistant Administrator went through the file and stated "it is not here."

Class III

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

Based on record review and interview, the facility failed to provide proof of a new health assessment for one out of six sampled residents (Resident #5) who had a change of condition and was hospitalized.

Findings included:

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A review of hospital record on showed Resident #5 was transported to the hospital on and was discharged on . The discharge diagnoses were "Hyponatremia, Acute on diastolic , Moderate to severe regurgitation, Leucocytosis, - permanent, and , and Frailty." Further review of Resident #5's progress notes stated " - 3:31 PM. Resident Discharged today. She stated she is feeling better. Discharged paper reviewed and there was no change in medications. Discharged paper sent to PCP (primary care physician) for review. Resident's daughter contacted. Resident is happy to be ."

Resident #5 last health assessment dated stated "Diagnoses: , , High , , , , , , and Valve Regurgitation. Physical Limitation: low vision and hearing ( ). Behavioral status: short memory and concentration (forgetful). The Nursing/treatment/ service requirements was not completed. Special precautions was not completed. Supervision with eating and assistance with ambulation, bathing, , self-care, toileting and transferring." The facility did not have a new health assessment in file that reflected the discharge diagnosis for Resident #5.

In an interview on at 1:12 PM, the Assistant Administrator said "okay."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to notify in writing its residents and residents' legal representative within five (5) business days of the submission of its Emergency Power Plan (EPP) to the local emergency management agency for review and approval as well as the final implementation of the plan.

Findings included:

A review of the facility's EPP log on showed no documentation of a copy of its EPP notification to its residents and residents' legal representative in file.

In an interview on at 9:14 AM, the Assistant Administrator stated "I don't have that. All the families are informed. Some of them they come here and ask me if we have a generator. I inform them. The one that did not ask, I called them and informed them. I don't have a form for them to sign."

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and and interview, the facility failed to ensure that two out of five sampled staff (Staff D and E) had a signed copy of the attestation of compliance with background screening requirements.

Findings included:

A review of the personnel files on . . . . . revealed the facility did not have a signed attestation of compliance with background screening requirements document on file for Staff D who was hired on . . . . . and Staff E who was hired on 11/15/18.

During an interview on . . . . . at 1:12 PM, the Assistant Administrator stated "okay."

Class III