STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maud's Place	860 Nw 186 Dr Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on ', 2014. Maud's place had deficiencies at time of survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview facility failed to conduct a new face to face medical examination by a health care provider as part of the continuous residency criteria after a significant change for 1 out of 2 sampled residents (#2).

Findings included:

Record review of resident # 2 revealed that resident # 2 was admitted to hospice on . Review of the residents health assessment (conducted on / /) states that resident needs assistance with her activities of daily living, but does not specifies what type of assistance. Also there is no mention that resident is under hospice services. At time of survey resident required total assistance with her activities of daily living.

On ', 2014 at 9:50 am caregiver stated that resident requires total assistance with her activities of daily living.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and record review facility failed to honor residents rights regarding use of side rails for 1 out of 2 sampled residents (# 2)

Findings included:

During tour of the facility on , 2014 at 8:30 am observed resident # 2 in # lying in bed with half side rails up.

Record review of resident # 2 revealed that there was no consent and no prescription for use of half side rails.

Interview with the administrator confirmed they did not have a order or consent for the use of half rails

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	**12/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview facility failed to provide an up to date copy of the Registered Nurse license for facility administrator who is also the nurse that provides limited nursing services as needed.

Findings included:

Record review of Registered Nurse/administrator revealed that the Registered Nurse license expired on [redacted].

On [redacted], 2014 at 10:15 am during exit conference caregiver stated that she would let the facility administrator that she needs to update her RN license in the employees record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Maud's Place
860 Nw 186 Dr
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene ayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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