| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911570** | **11/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OUR DREAM RETIREMENT HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1630-1640 PALM AVENUE**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Complaint (CCR# 2018013540) Survey was conducted on . . . . Our Dream Retirement Home (License #6037) with Limited Mental Health (LMH) component had the following deficiencies identified at time of the survey:

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

Based on record review and interview the facility failed to have the medication observation records (MORs) updated after the morning medications.

Findings included:

Record review revealed the facility's MORs were completed for only one resident that the medications given at 9:00 am on . . . . The MORs were not completed for the additional residents.

Interview on . . . at 9:30 am Staff A stated, "Staff must to sign the MORs, as soon, as they assist with medications.

Class III

**0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC**

Based on observation and interview the facility failed to maintain the facility in good repair and failed to have designated storage areas other than resident rooms.

Findings included:

Observation on . . . at 11:40 am revealed . . . # . . . had a portion that was used as a storage area for unusable beds. In addition, the ceiling and the AC vent had a dark stain.

Interview on . . . . . at 9:40 am, Staff A stated that the facility was on the process to fix the ceiling, and they were working on it.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to have a completed personnel record for one of six sampled staff (C).

Findings included:

Record review revealed Staff C, hired , had a background dated , which needed to be update. A searched of the background screening's website reflected a background dated .

Interview on at 12:00 pm Staff A stated, "We have to add the update background."

Class III

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

Based on record review and interview, the facility failed to have accurate health assessment for three of six sampled residents (#s 2, 3, and 4) that documented nursing services. The facility failed also failed to have orders for three of six (#s 2, 3, and 4) sampled residents.

Findings included:

Record review revealed Resident #2's health assessments (dated ) reflected, "Needs assistance with self-administration of medication." Resident #2's home health (communication log) reflected daily administration. However, Resident #2's health assessment did not reflect administration form home health Nurse."

Record review revealed that Resident #3's health assessments (dated ) reflected, "Needs assistance with self-administration of medication." Resident #3's home health (communication log) reflected daily administration. However, Resident #3's health assessment did not reflect administration form home health Nurse."

Record review revealed that Resident #4's health assessments (dated ) reflected, "Needs assistance with self-administration of medication." Resident #4's home health (communication log) reflected daily administration. However, Resident #4's health assessment did not reflect administration form home health Nurse."

Interview on at 11:30 am Staff A stated, "I did not know that needs to reflects home health administration of medication. Resident #3 had reflects a diagnosis of , and I thought that was

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

enough."

Record review revealed Residents #s 2, 3 and 4 did not have in file a Physician's order for the use of .

Interview on at 10:30 am Staff A acknowledged Residents #s 2, 3, and 4 did not have a physician order for administration. In addition, Staff A stated that she could get in orders from the home health agency.

Observation on at 12:00 pm revealed Staff A search through the residents' records, but she could not find it. Staff A called at the home health to request a copy of the Residents' order.

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on record review and interview, the facility failed to have the emergency management plan reviewed annually.

Findings included:

Record review revealed that the facility did not have current emergency management plan approved annually. The last plan was approved on .

Interview on at 11:00 am Staff A stated that she sent the emergency management plan for 2018, but she was still waiting on the approval.

Class III

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC**

Based on record review, observation, and interview, the facility failed to ensure one of six sampled staff (B) received the required 3 hours updated on Limited Mental Health training.

Findings included:

The facility's license showed it held a standard license with the Limited Mental Health component.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review of Staff F (hired . . . . . )'s file contained an 8 hours Limited Mental Health (LMH) training dated . . . . . . The facility did not have the three-hour update on file of the LMH training.

Observation on . . . . at 12:00 pm revealed Staff A searching through Staff B's file; however, she could not find the update training for LMH.

Interview on at 12:30 PM Staff A acknowledged Staff B did not have the 3 hour LMH update training on file.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC**

Based on record review and interview, the facility failed to have completed attestation forms for four of six sampled residents (B, C, D, E and G).

Findings included:

Record review revealed that Staff B (hired ), C (hired ), D (hired ), and E (hired on ) did not have attestation in file.

Interview on at 11; 00 am Staff A stated that she did not know about attestation, and it was the first time that she heard about the attestation.

Class III

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview, the facility failed to ensure staff members were registered on employee roster through background screening's clearinghouse.

Finding included:

Interview on at 11:00 am Staff A stated, "She is not working here, she stopped working four weeks ago."

Record review revealed that the facility did not list Staff H on the staffing pattern dated 11/2018. In addition, the background screening website reflected Staff H, as facility employee.

Unclassified