Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965646	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARINA ALF	8830 CARIBEAN BOULEVARD MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Complaint Investigation Survey (CCR# 2012009988) was conducted on at Marina ALF with a Limited Mental Health (LMH) component. At the time of the survey, deficient practice was identified.	A 000		
A 077 SS=D	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least ; 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate "	A 077		

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A 077	Continued From page 1 manager " for each facility who must: 1. Be at least ; and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the administrator completed the core training requirement and appoint a separate manager who has also completed the core training requirement. Findings Include: Offsite record review revealed the administrator supervises three assisted living facilities. Personnel record review of the administrator's file revealed the administrator had documentation of completing the 26 hours of core training on but had no documentation of completing the core requirement with having evidence of passing the core exam. Record review revealed	A 077		

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A 077	Continued From page 2 that no facility employee completed the core requirement. In an interview with the administrator on at approximately 10:34 AM, she stated that she is the administrator over three facilities but later stated she was only the administrator at this facility and one other. She stated she passed the core exam but cannot show proof. She stated she does not have a manager but has a new administrator. In a phone interview with the facility's consultant on at approximately 10:44 AM, she stated paperwork has been submitted to the Agency for a change of administrator last week. She stated the change was only for this facility. In email correspondence with the ALF Unit on at approximately 1:33 PM, the Unit confirms that the administrator supervises three assisted living facilities and has not submitted a change of administrator form. Record review of the Assisted Living Facility Core Competency Test website- List of Successful Examinees revealed a search for the administrator's name found no results. Class III	A 077		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or	A 083		

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A 083	Continued From page 3 course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a staff member who has completed courses in ( ) and First Aid holds a currently valid card documenting completion of such courses must be in the facility at all times. Findings Include: In a phone interview with a representative from the Long Term Care Ombudsman office on at approximately 2:07 PM, she stated she visited the facility on . She stated employee #4 was at the facility and did not have any documentation of training. She stated she was told by employee #4 that she was covering and her trainings are at another facility she works at. Record review of the 2012 facility staffing schedule revealed on employee #3 was scheduled for 7 AM - 7 PM and the administrator was scheduled from 9 AM - 6 PM.	A 083		

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A 083	Continued From page 4 In an interview with the administrator on at approximately 10:34 AM, she stated employee #4 is her friend and she does not work at another facility. She stated employee #4 helps out on free days. She then stated that employee #4 only comes to visit and helps her out with friend things. She stated that when Ombudsman came to the facility, employee #3 was at the facility but her friend, employee #4, was also at the facility and is only there when she is there. She stated she does not know if employee #4 has or First Aid because it is not necessary because she does not work here. In an interview with a representative from the Long Term Care Ombudsman office on at approximately 12:56 PM, she stated she arrived to the facility at approximately 3:00 PM on . She stated when she arrived a caregiver answered the door but she did not get the name of that caregiver. She stated she was there for about an hour and did not see that caregiver the remainder of her time spent at the facility. She stated she toured the whole facility and only saw employee #4 at the facility. She stated the caregiver must have left after she opened the door. She stated the administrator was not at the facility. Class III	A 083		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Marina Alf
8830 Caribean Boulevard
Miami, FL 33157

Re: CCR #2012009988

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 11/10/2012 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 Mayo-Davis
Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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