

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PEACE AND CARE OF MIAMI LAKES			STREET ADDRESS, CITY, STATE, ZIP CODE 15301 DURNFORD DRIVE MIAMI LAKES, FL 33014		
(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 A Standard Biennial licensure survey was conducted at Peace and Care of Miami Lakes Assisted Living Facility on _____ with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. There were deficiencies identified at the time of the visit	A 000			
A 085 SS=D	58A-5.0191(6) FAC Training - Nutrition & Food Service (6) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. A certified food manager, licensed dietician, registered dietary technician or health department sanitarians are qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to have 2 out of 5 sampled employees to have their NUTRITION AND FOOD SERVICE. Findings includes: 1 Record review revealed that employees #2/#3 did not have documentaion to verify training in NUTRITION AND FOOD SERVICE. Employee #2 (caretaker hired on _____) and #3 (caretaker hired on _____) neither of these employees had training in this area.	A 085			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

RR8Q11

If continuation sheet 1 of 4

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A 085	Continued From page 1 2. Interviewed administrator on @ 2:00 pm, she stated that both employees did not have the trainings needed in the areas for NUTRITION AND FOOD SERVICE Class III	A 085			
AL243 SS=D	58A-5.0191(8) FAC LMH - Training (8) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Staff in "direct contact" means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only incidental contact with mental health residents. c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the	AL243			

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AL243	Continued From page 2 following topics: a. Mental health diagnoses; and b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and crisis services and the Baker Act procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and interview facility failed to have 2 out of 5 sampled employees to have their mental health 6 hours/ 3 hours mental health update. Findings includes:	AL243			

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AL243	Continued From page 3 1 Record review revealed that employees #2/#4 did not have documentaion to verify training from DCF services for mental health 6 hours and the 3 update hours. Employee #2 (caretaker hired on) did not have her (6) hours in (LMH) Limited Mental Health training and assistant administrator (hired on) did not have her (3) hours for mental health. 2. Interviewed administrator on .@ 2:00 pm, she stated that both employees did not have the trainings needed in the areas for mental health for 6 hours and for 3 updated hours. Class III	AL243		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 19, 2012

Administrator
Peace And Care Of Miami Lakes
15301 Durnford Drive
Miami Lakes, FL 33014

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on December 10, 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 1/18/2013 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
Field Office Manager

AMD:sy
Enclosure
XG90

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