STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	06/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Residences, Inc	19940 Sw 124 Court Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted in your Assisted Living Facility on . Martin Residence Inc, had deficiencies found at the time of the survey.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to obtain a freedom of statement on an annual basis for 1 out of 4 sampled staff (#3).

Findings include:

Record review for staff #3 (caregiver hired) revealed that the last statement on file dated and expires on .

Administrator acknowledged the findings on at 2:00 pm.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview facility failed to have at least one person on premises at all times with current First Aid and training.

Findings include;

Record review of staffing schedule revealed that staff #3 (caregiver hired) works at night time from 7pm to 7 am and she is the only staff present.
Employee record review for staff #3 revealed that her First AID and training expired .

Administrator acknowledged the findings on at 2:00 pm

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	06/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Residences, Inc	**19940 Sw 124 Court Miami, FL 33177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview facility failed to have at least one person on premises at all times with current First Aid and training.

Findings include;

Record review of staffing schedule revealed that staff #3 (caregiver hired) works at night time from 7pm to 7 am and she is the only staff present.
Employee record review for staff #3 revealed that her First AID and training expired .

Administrator acknowledged the findings on at 2:00 pm

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview 2 out of 4 facility's staff (#3 and #4) failed to obtain the 2 hour continuing education medication training.

Findings include:

1. Record review for staff #3 (caregiver hired) revealed that the only training on file was dated and expired on .
2. Record review for staff #4 (caregiver hired) revealed that the only training on file was dated and expired on .

Administrator acknowledged the findings on at 2:00 pm

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Martin Residences, Inc
19940 Sw 124 Court
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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