STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953662	09/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fairway Park Retirement Facility Corp	16324 S W 99th Court Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z806 - 59a-35.040, Fac - Change Of Address S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey (CCR#2013007253) was conducted in your Assisted Living Facility on . Fairway Park Retirement Facility Crop had deficiencies found at the time of the survey.

Z806-Change of Address 59A-35.040, FAC

Based on observation, record review and interview facility exceed its licensed capacity without prior approval form the AGENCY.

Findings include:

Observation on at 8:30 a.m. found a total of seven residents in the facility. Resident #1 and #2 occupied # . Resident 3 and #4 occupied # . Resident #5 occupied # . Resident #6 occupied # . Resident #7 occupied # . Personal inventory including clothing and sanitary products observed in the corresponding .

Home Health Agency Registered nurse observed coming in the facility on at 8:40 a.m. She was observed providing injections to resident #1, #2 and #4. She said that she has being providing services and injections on a daily basis for all 3 residents for about two years

Licensed posted indicated licensed capacity of 6 residents.

Record review revealed that resident #1 was admitted to the facility on , resident #2 on , #3 on , #4 on , #5 on 7-'2-06, #6 on and #7 on .

Administrator stated on at 9:33 a.m. that resident #1 was listed on the board as a day care resident even though he was sleeping in the facility. She said that she was helping his family that lives in Key Largo. She said that he was going to 3 times a week Monday, Wednesday and Friday and stayed there for a very low monthly fee.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Fairway Park Retirement Facility Corp
16324 S W 99th Court
Miami, FL 33157

Re: CCR #2013007253

Dear Administrator:

This letter reports the findings of a state complaint 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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