STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced standard biennial survey was conducted on . Greenview had deficiencies at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the Assisted Living Facility failed to have a completed health assessment (AHCA form 1823) after the resident's admission to the facility with 30 calendar days of the admission date for 2 out of 6 sampled residents (#3 and #5).

Findings include:

Record review of resident #3' record revealed that date of admission and there was no health assessment (AHCA form 1823) for resident #3. Record review of resident #5' record revealed that date of admission and there was no health assessment (AHCA form 1823) for resident #5.

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know about residents' documentation and administrator was on vacation.

Class III

0009-Admissions - Admission Package 58A-5.0181(3) FAC

Based on record review and interview the Assisted Living Facility failed to a copy of the facility resident contract for 1 out of 6 sampled residents (#5).

Findings include:

Record review of resident #5's record revealed that resident agreement, smoking policies and procedures, exit

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	

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

policy, rights as a resident to choose your health care provider, consent to release personal information, policy on reporting medicaid fraud, refusal to follow therapeutic diet, bed hold policy, beneficiary designation form, acknowledgement of statement, storage of valuables policy, ALF policies, emergency contact, conflict of interest policy, & advance directives policy were not signed either dated by resident or her representative.

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know about resident documentation and administrator was on vacation.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, record review and interview the Assisted Living Facility failed to have an up-to-date activities calendar

Findings include:

Observation on between 2 p.m. and 4 p.m. revealed that residents were watching TV and in their , no activities were performed during that time.

Record review revealed that activities calendar posted on the bulletin board in the dining was from 2013.

In an interview with caregiver_A on at 2:10 p.m. revealed that administrator and caregiver_B were responsible for updating the bulletin board.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the Assisted Living Facility failed to keep medications in a locked cabinet,locked cart, or other locked storage receptacle, , or area at all times.

Findings include:

Observed in the dining a desk a box full of medicines on at 10:27 a.m. for the following residents:

Day care participant: 300 mg capsules, Citalpram 40 mg tab, 200 mg tablet (a.m. dose), 300 mg capsule (a.m. and p.m. dose), 200 mg tablet (p.m. dose), 100 mg tab and 10 mg tab(bedtime dose), 4 mg tab (a.m. and p.m. dose).

Resident #1: 1 mg tablet (a.m., p.m. and bedtime dose), 25 mcg tablet. 100 mg tablet, DR 40 mg tablet (a.m. dose), Zolpiden 10 mg tab (bedtime dose), 20 mg tab (bedtime dose) , Invega 9 mg tab (a.m. dose), Clobetazol 0.05 % shampoo, 2% shampoo.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	

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

Resident #2: - 1 mg tablet and 5 mg tab (a.m. dose), - Sod 10 mg tab (p.m. dose), 3 mg (bedtime dose), 50 mg tab (bedtime dose), Megestrol Acet 40 mg/ ml susp.

Resident #4:- Pam 50 mg (a.m., p.m. and bedtime dose), 1 mg tab (a.m. and p.m. dose) and 40 mg tab (a.m. dose), 20 mg and 100 mg (bedtime dose). 50 mcg nasal spray.

Resident #5: 150 mg tablet, 2 mg tablet, DR 500 mg capsules (a.m. and p.m. dose) , 2 mg tablet (a.m. and p.m.), 1 mg tablet, 10 mg tablet (a.m. and p.m. dose), , 2 mg tab, , 10 mg (a.m. dose) , 10 mg tab (p.m. dose).

Resident #6: - 3 mg tab (a.m. and p.m. dose), Cost 37.5 mg

In an interview with caregiver_A on at 11 a.m. revealed that medicines were delivered the night before by the pharmacy and she forgot to place them in a secured place.

Class III

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

Based on record review and interview the Assisted Living Facility failed to have in personnel records for each staff verification of freedom from on an annual basis for 3 out of 3 sampled staffs (administrator, caregiver_A, caregiver_B).

Findings include:

Record review of administrator's personnel file revealed that freedom from last doctor report was on . Record review of caregiver_A's personnel file revealed that freedom from last doctor report was on . Record review of caregiver_B's personnel file revealed that freedom from last doctor report was on .

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know about those papers and administrator was on vacation. She could not imagine that her doctor's form was already a year old.

Class III

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

Based on record review and interview the Assisted Living Facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

Findings include:

Record review revealed that on the written work scheduled that was available for 2013.

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know about resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

documentation and administrator was on vacation.

Class III

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

Based on observation, record review and interview the Assisted Living Facility failed to have a staff member who has completed First Aid and in the facility at all the times.

Findings include:

Observation on at 9:55 a.m. entrance to the facility done with caregiver_A. Caregiver_A was the only staff present in tne facility with six residents.

Record review of caregiver_A's personnel file revealed that caregiver_A's and First Aid training expired on . Record review of administrator's personnel file revealed that administrator's and First Aid expired. Administrator's / First Aid - . Record review of caregiver_B's personnel file revealed that caregiver_B's and First Aid training expired on .

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know that her and First Aid training expired on .

Class III

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

Based on observation, record review and interview the Assisted Living Facility's staff failed to have a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility annually for 1 out of 3 sampled staff (caregiver_A).

Findings include:

Caregiver_A was observed on at 2:11 p.m. revealed that caregiver_A assisted residents #1 and #4 with self-administered medications.

Record review of caregiver_A's personnel file revealed that caregiver_A received training on providing assistance with self-administered medication on .

In an interview with caregiver_A on at 3 p.m. revealed that she did not know that her medication training was more than a year older.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the Assisted Living Facility failed to have a copy of the written informed consent that an unlicensed staff assisting the resident with the self-administration of medication for 1 out of 6 sampled residents (#5) as well as failed to have an updated weight record semi-annually for residents receiving assistance with the activities of daily living for 1 out of 6 sampled residents (#2).

Findings include:

Record review of resident #5's file revealed that there was not written informed consent that an unlicensed staff assisting the resident with the self- administration of medication. Record review of resident #2's file revealed that health assessment (AHCA form 1823) completed on indicated that resident #2 needed assistance with , toilet and transfer. Resident last weight was on and revealed that weight was 206 lbs.

In an interview with caregiver_A on at 11:25 a.m. revealed that she assisted resident #5 with self-administration of medication. In an interview with caregiver_A on at 1:10 p.m. revealed that she assisted resident #2 with some of the activities of daily living as needed for resident #2.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the Assisted Living Facility that had a limited mental health license failed to maintain an up-to-date admission and discharge log that clearly identified all mental health residents for 5 out of 6 sampled residents (#1, #2, #4, #5 and #6), failed to have a agreement and mental health assessment for 1 out of 6 sampled residents (#4) as well as failed to have a completed community support plan for 4 out of 6 sampled residents (#2, #4, #5 and #6).

Finding include:

Record review of admission and discharged log revealed that any of the five limited mental health residents (#1, #2, #4, #5 and #6) in the facility were clearly identified on the admission and discharge log. Record review of resident #5 record revealed that resident #5's community support plan was missing resident and case manager's signatures. Record review of resident #6 record revealed that resident #6 did not have a community support plan. Record review of resident #4 record revealed that resident #4 did not have a community support plan, agreement either a mental health assessment. Record review of resident #2 record revealed that resident #2's community support plan was missing resident and case manager's signatures and mental health assessment was done on .

In an interview with caregiver_A on at 12:10 p.m. revealed that she did not know about resident documentation and administrator was on vacation.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953222	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Greenview	1701 Sw 87 Court Miami, FL 33165	

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

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the Assisted Living Facility failed to provide evidence of 6 hours specialized training in working with individuals with mental health diagnoses within 6 months of being hired for one out of three sampled staffs (caregiver_A) as well as a minimum of 3 hours of continuing education biennially related mental health diagnosis, mental health treatments for two out of three sampled residents (administrator and caregiver_B).

Findings include:

Record review of administrator's personnel file revealed that Limited Mental Health training was received on and on . Record review of caregiver_B's personnel file revealed that caregiver_B's Limited Mental Health training was received on . Record review of caregiver_A's personnel file revealed that caregiver_A date of hired was and did not have Limited Mental Health training.

In an interview with caregiver_A on at 12:08 p.m. revealed that she did not remember taken Limited Mental Health training, if she would taken it, it will be on her personnel file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Greenview
1701 Sw 87 Court
Miami, FL 33165

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121