STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	02/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Senior Retirement Home, Inc	3033 Sw 6 Street Miami, FL 33135	

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

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial survey was conducted on . Senior Retirement Home Assisted Living Facility Home had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and staff interview the facility failed to ensure that resident's met the continued residency criteria for 1 out of 5 sampled residents (Resident #2 and #5).

The findings include:

A general tour of the facility was conducted on at 9:30 AM. During the tour, Resident #2 and #5 were observed lying in bed with half-bed rail in the upward position. The residents were alert and awake.

Record review on at about 10:30 AM document that Resident #2 and has sis of , and mitted to the facility on . The health assessment document that she requires assistance with the Activities of Daily Living. Resident #5 was admitt facility on and has a diagnosis of , and Incontinency. The health assessment dated document that she requires supervision with eating and assistance with the rest of the Activities of Daily Living.

An interview conducted with Staff B on at approximately 2:30 PM confirmed that sampled Resident #2 and #5 were unable to assist with their own transfer; therefore the residents no longer met the criteria for continued residency and would be discharged from the facility.

Class: III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on interview and record review, the facility failed to provide proof that the facility's administrator successfully completes the assisted living facility core training requirements within three months from the date of becoming a facility administrator.

The findings include:

Facility's record review found that the administrator completed 26 hours of CORE training on but failed to provide documentation that he passed the CORE competency test.

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Interview with the facility caregiver at approximately 2:00 p.m. confirmed that the administrator completed the core training but she has the documentation in her house.

Class: III

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

Based on record reviews and interview, the facility failed to ensure that 1 out of 2 (#2) residents' record includes required documentation of power of attorney.

The findings include:

Record review conducted on revealed that resident #2's file contains documents which have the signature of resident's #2 daughter. Further record review of resident #2's file did not reveal the required documentation designating resident #1's daughter as the health surrogate, power of attorney, or guardian.

On at approximately 2:00 p.m., an interview was conducted with the facility caregiver. When questioned about the required power of attorney documentation for Resident #2, the facility caregiver acknowledged and confirmed that the required documentation was not on file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Senior Retirement Home, Inc
3033 Sw 6 Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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