STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	**04/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Midway Retirement Residence	**93 Sw 79 Court Miami, FL 33144**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on , 2014. Midway Retirement Residence had the following deficiency at time of survey.

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview, the facility failed to submit a written request to the agency 60-120 days prior to expanding the facility licensed capacity.

Findings include:

Observation on at 8:35 am during the facility tour, it was observed there were13 residents and 1 daycare client currently residing in the facility.

There were 13 residents listed on the facility's admission and discharge log and 1 day care client. Facility has a license for 12 beds.

Facility owner (Staff # A) on at 11:00 am stated: "I know that I have 1 resident more than I am supposed to. The problem is that the family insists that we keep her. I am going to solve that problem and I will give the family a 45 days notice."

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Midway Retirement Residence
93 Sw 79 Court
Miami, FL 33144

Dear Administrator:

This letter reports the findings of a state LNS monitoring 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 , 2014 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:
Enclosure
XG90

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