STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965799	05/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Elderly Care Living	901 Nw 63 Street Miami, FL 33150	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Revisit Repeat Tags:
Z827-Unlicensed Activity-408.812, Fs

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow-up Closure Monitoring survey was completed on 5/13/2014 at Martin Elderly Care Living. The operator failed to close the facility after the final order was given.

Z827-Unlicensed Activity 408.812, FS

Based on observations, record review and interview the property at address 901 NW 63rd Street Miami, FL 33150 failed to close the assisted living facility after the final order was given in 2013.

Findings include:

Arrived to property address 901 NW 63rd Street Miami, FL 33150 on at 9:52 a.m. The operator answered the door.

Operator said that there are no residents at the home because they were at day program. She stated that there were nine residents currently living there. Operator said she has not received the final order or anything from AHCA (agency).

Observation found license posted on the wall expired

Record review found that the operator had a medication observation log for each of the nine residents. Record review found that the operator's most recent initial that documented that medications were given to residents was dated (that morning).

Interview with the operator on at 10:04 a.m. She said that everybody slept here last night. Residents are at day program. Operator stated that they could not find anywhere to place the residents, case manager is looking for housing.

Observations on at 10:46 a.m. found that the home had medications centrally stored and locked in a closet near the kitchen. Medications were shelved together for each resident.

The agency faxed the final order and a notice of unlicensed activity to the operator on at 10:14 a.m.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965799	**05/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Elderly Care Living	**901 Nw 63 Street Miami, FL 33150**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The final order for closure was dated 2013.

An interview with the operator on at 11:26 a.m. Residents get medications, weekends and holidays they get three meals per day. When they go to the program they have breakfast and lunch there, only have dinner at the facility. Resident #5 needs help with bathing, she said that you have to put him in the tub and wash his body. Medications are given in the morning and at night.

The operator signed the notice of unlicensed activity and receipt that she received the final order on at 11:44 a.m.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Martin Elderly Care Living
901 Nw 63 Street
Miami, FL 33150

Dear Administrator:

This letter reports the findings of a state monitoring for closure 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.

Facility must immediately cease operation and transfer all residents.

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

8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Youtube.com/AhcaFlorida
Twitter.com/AHCA_FL
SlideShare.net/AH Florida