STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967313	06/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serene Living Facilities	8615 Sw 43rd Terrace Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0095 - 58a-5.020(4) Fac - Food Service - Contracted Food Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Abbreviated survey was conducted on , 2014. Serene Living Facilities Inc had deficiencies at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to ensure that 2 out 6 residents received proper assistance with self-administration of medication.

Findings Include:

Record review on , 2014 at 9:32 am, of the Medication Observation Record (MOR), for resident # 2 revealed there was no notation indicating administration of the medication from - for the following medication: 20 mg tab / one tablet at bedtime; 30 mg cap(bedtime and 01 mg .

Observation on , 2014 at 11:00 am, of med pass for resident #5 per staff B. Staff B put medication in a plastic cup next to the resident#5 and walked away. Staff B did not read the MOR or explain the resident #5 about the medication. Staff B did not supervise resident #5; she did not wait until resident #5 swallow the medication, and staff B did not signed the MOR.

Further record review on , 2014 at 11:30 am, revealed that staff B did not have documentation of receiving the 4 hours of training assistance with self-administration of medication.

On , 2014 at 2:00 am, during an interview with staff A, the medication pass procedure was not properly followed and the MOR did not correctly reflect the medication observations.

Class III

0095-Food Service - Contracted Food Service 58A-5.020(4) FAC

Based observation, interview and record review facility failed to provide food catering information for 5 out 5 (#s 2, 3, 4 & 5) sampled residents.

Findings Include:

On , 2014 at 8:30 am, surveyor interviewed resident's # 2, 3, 4 & 5 and interview revealed the following

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967313	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serene Living Facilities	**8615 Sw 43rd Terrace Miami, FL 33155**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

information:

8:30 am, resident #1 stated, " I did not like the food." Resident #3 stated, " The food surprised me every day." Resident #4 stated, " I am adjusting," sometimes I ordered food, but I have to take money out of my package."

On , 2014 at 11:30 am, surveyor observes residents (#s 1,2,3,4 & 5) food delivered per a company (man)

On , 2014 at 11:35 am, surveyor interview staff A & B; they stated that they did not have any documentation or information of the company that cooked the residents' (#s 1,2,3,4 & 5) food. Staff A & B stated that at night time administrator indicated to cook something simple, such as, sandwich, soups or corn wheat. Sometimes some residents ordered food.

On , 2014 at 12:30 pm, surveyor review facility dietitian information and menu. Facility did not follow the menu.

On , 2014 at 2:00 pm, staff A & B acknowledged deficiency.

Class III

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

Based on record review and interview the facility failed to ensure that 3 out of 4 (Administrator, B, and C) employees ' received the 3 hours of Continuing Training in Limited Mental Health.

Findings include:

On , 2014 at 10:35 a.m., during a personnel record review revealed that facility failed to provide 2 hours of training in Limited Mental Health to 3 staff members (Administrator, B and C).

On , 2014 at 2:55 p.m. Staff A & B acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serene Living Facilities
8615 Sw 43rd Terrace
Miami, FL 33155

Dear Administrator:

This letter reports the findings of an abbreviated beinnial survey that was conducted on 16, 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,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

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