| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967751 | 07/02/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Waterway Homes Alf Inc | 5895 Sw 35 Street Miami, FL 33155 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

A Standard Biennial survey was conducted on - . Waterway Home Assisted Living Facility had the following deficiencies at time of survey.

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

Based on record review and interview, the facility failed to have proof of freedom from communicable including on an annual basis on 1 of 1 sample staff ( the facility administrator).

The finding included:

Personnel record review revealed the last proof of freedom from communicable including for the facility administrator (staff A. administrator) was dated .

Interview with the administrator on at 8:30 AM, confirmed he failed to obtain a doctor's statement of freedom from communicable including on an annual basis. The administrator stated the last freedom from communicable was dated .

Class III

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

Based on the record review and interview facility failed to ensure the administrator participate in requiring his 12 hours of continuing education in topics related to assisted living every 2 years.

The findings included:

Record review revealed that employee A. administrator did not have any documentation proving he has taken the 12 hours of continued education in topics related to assisted living every 2 years.

Interview with the administrator on at 8:30 AM, he confirmed the findings in regards to not having his 12 hours of continuing education in topics related to assisted living every 2 years in file for review during the survey.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967751 | 07/02/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Waterway Homes Alf Inc | 5895 Sw 35 Street Miami, FL 33155 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**0093-Food Service - Dietary Standards 58A-5.020(2) FAC**

Based on record review and interview, the facility failed to review the menu to be used, on an annual basis.

The findings included:

During record review, it was documented the facility's menu to be used expired on .

Interview on at 8:10 AM, the facility administrator stated that the facility's menu expired on and was not reviewed on annual basis. The administrator confirmed the findings in regards to the facility has done nothing in the past two years to have their menus updated since the last inspection 2012.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

**Amended**

Administrator
Waterway Homes Alf Inc
5895 Sw 35 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG990

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