STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	09/29/2014
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 - 0000 - - Initial Comments
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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Midway Retirement Residence had the following deficiencies identified at the time of the survey:

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

Based on record review and interview facility failed to have evidence of a negative ( ) examination documented on an annual basis for 1 out the 6 (B.) sampled employees.

Findings included:

1. Record review revealed that employee B. (caretaker) did not have an updated negative exam at the facility. Employee B. last exam was out dated on .

2. Interviewed the owner on at 1:00 pm, he confirmed the findings in regards to employee B. not having the examination documents in their files for review at the time of the survey.

Class III

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

Based on record review and interview facility failed to ensure the administrator received a minimum of 12 hours of containing education in topics to assisted living every 2 years.

Findings included:

1. Record review revealed that employee A. ,administrator, did not have 12 hours hours of continuing education in topics to assisted living in her file for review.

2. Interviewed the administrator on at 2:00 pm, she confirmed the findings in regards to her not having the 12 hours for continued education in topics to assisted living in her file at the time of the survey.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Based on record review and interview facility failed to ensure 1 out the 6 (A.) sampled employees received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility annually.

Findings included:

1. Record review revealed that employee A. (administrator) did not have 2 hours of continuing education in medication training at the facility the time of the survey. Employee A's last medication training was done on

2. Interviewed the administrator on at 2:00 pm, she confirmed the findings in regards to not having up dated medication training at the time of the survey.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview facility failed to have 3 out the 6 (A. and E.) sampled employees trained in a minimum of 2 hours in topics pertinent to nutritional and safe food handling annually.

Findings included:

1. Record review revealed that employee A. (administrator) and employee E. (caretaker) did not have documentation that they received training in nutritional and safe food handling. Employee E. last training was dated

2. Interviewed owner on at 1:00 pm, he confirmed the findings in regards to employees A. and E. did not having their certifications in their files for review at the time of the survey.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review and interview facility failed to have 1 out the 6 (C) sampled employees trained in the areas for and Related within 3 months of employment.

Findings included:

1. Record review revealed that employee C. (caretaker, hired on) did not have any documentation at the facility showing she received training in and Related within 3 months of employment.

2. Interviewed administrator on at 2:00 pm, she confirmed the findings in regards to employee C. not having training documented in her file at the time of the survey.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911005	**09/29/2014**
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)		

Based on record review and interview facility failed to have 7 out of 11 (#1, #3, #4, #5, #7, #8, and #9) sampled residents' power of attorney (POA), health surrogate, or guardianship documents.

Findings included:

1. Resident records revealed residents #1, #3, #4, #5, #7, #8, and #9 did not have POA, health surrogate, or guardianship documents at the facility. Resident #1 was admitted on , resident#3 was admitted on , resident #4 was admitted on , resident #5 was admitted on , resident #7 was admitted on , resident #8 was admitted on , and resident #9 was admitted on had family members signing their documents without the necessary paperwork.

2. Interviewed the owner on at 3:00 pm, he confirmed the findings in regards to the residents family members signing all of the residents documents in their charts without the proper and legal documents.

Class III

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

Based on record review and interview the facility failed to have 3 out of 6 (A., C., and E.) sampled employees trained in 3 hours continuing education in mental health topics biennially.

Findings included:

1. Record review revealed that employee A. (administrator), employee C., and employee E. (both caretakers) did not 3 hours of mental health training in the last two years. Employee A.'s last training was on , employee C.'s lat training was on , and employee E. last training was on .

2. Interviewed the owner on at 1:00 pm, he confirmed the findings in regards to employees A., C., and E. not having their 3 hours updated training certifications in their files for review at the time of the survey.

Class III

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 Standard Biennial survey that was conducted on
29, 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
XG90

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