STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910987	10/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maggie's Retirement Home	7930 Sw 11 Street Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision 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 Complaint (CCR# 2014010173) Investigation survey was conducted on , 2014 thru , 2014. Maggie's Retirement Home had the following deficiencies at time of the survey:

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the Assisted Living Facility failed to notify family of changes in condition for one (#3) out of nine sampled residents.

Findings included:

Review of resident #3 's record revealed that there was an incident report which was not dated but indicated that resident #3 was on her way to the , lost the equilibrium, and hit her front head with the wall. The medical doctor (MD) was called and he ordered to placed ice on the injury.

Phone interview with resident #3 's daughter on at 1:03 p.m. revealed that around 2014 her family found out that her mother hit her front head. They found out when her husband went to visit her mother. Facility did not inform her.

Class III

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

Based observation, record review, and interview, the Assisted Living Facility to follow the breakfast menu as well as to provide a therapeutic diet to three residents (#1, #2 and #5) out of nine sampled residents.

Findings included:

Breakfast observations on at 8:20 a.m. revealed that caregiver_A served resident #1 oatmeal, water, and orange juice and resident #1 ate breakfast. Breakfast observations on at 8:20 a.m. revealed that caregiver_A served to resident #2 oatmeal, water, milk with coffee and orange juice. Breakfast observations on at 8:40 a.m. revealed that caregiver_B served to resident #5 oatmeal, dry cereal, water, milk with coffee and apple juice. Lunch observations on at 12:40 p.m. found resident #5 was served a regular diet. Caregiver_A served her yellow rice with sausage, chickpeas, and cherry jelly.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910987	10/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maggie's Retirement Home	**7930 Sw 11 Street Miami, FL 33144**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Record review of posted menu revealed that the facility had scheduled for breakfast 4 oz of orange juice, 1 cup of dry cereal, 2 oz. of low fat milk, 1-2 pancake/ syrup, DB: Diet syrup, 1 cup coffee with 6 oz. of milk. diet: use diet syrup, use substitute sugar, can fruits in water or in no sugar juice, use skim milk.

Review of resident #1's health assessment (AHA form 1823) completed on indicated that resident's diet was no added salt, low fat/ low], NCS (diet). Review of resident #2's health assessment (AHCA form 1823) completed on indicated that resident's diet was calorie controlled, no added salt, low fat/ low ', NCS (diet). Review of resident #5's health assessment (AHCA form 1823) completed on indicated that resident's diet was no added salt, puree, no concentrated sugar.

In an interview with the cook on at 12:53 p.m. revealed that resident #5 had a puree diet but resident refused to eat puree and she was served regular diet. Interview with caregiver D on at 10: 37 a.m. revealed that the cook was nervous and forgot to fix breakfast trays residents on a diet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maggie's Retirement Home
7930 Sw 11 Street
Miami, FL 33144

RE: CCR #2014010173

Dear Administrator:

This letter reports the findings of a Complaint Investigation 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
XG90

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