STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	10/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maggie's Retirement Home #4	7100 Nw 1 Terrace Miami, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators 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 . Maggie's Retirement Home #4 had the following deficiencies found at the time of the survey:

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview the facility failed to provide ongoing activities. The facility failed to encourage the residents to participate in social, recreational, educational and other activities within the facility and the community.

Findings included:

Observations on at 9:30 AM found the 2014 calendar for activities posted.
Observations on at 9:00 AM and 12:00 PM found some of the residents watching television in the common area and others were sitting in their .

Confidential resident interviews on revealed that the facility does not provide activities.

On at 2:40 PM caregiver admitted that the activities are not offered to residents as often as it should be.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint in writing a manager for the facility.

Findings included:

Facility records review revealed the administrator supervised two assisted living facility. Facility record review revealed the facility did not have a manager appointed.

Interview on at 2:00 PM with the caregiver revealed that the facility did not appoint a manager for the facility.

Class III

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

Based on observation, record review, and interview the facility failed to note meal substitutions before or when the meal was served.

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	AL11912063	**10/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maggie's Retirement Home #4	**7100 Nw 1 Terrace Miami, FL 33126**	
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Findings included:

Lunch observation on at 12:00 PM found the residents were served sweet plantain, corn flower with ham, fried eggs, Jell-O and/or flan, and cranberry juice.

Review of the lunch menu had red beans, roast chicken, white rice, mixed salad, peach, apple juice, and milk. The substitutions were not documented on the menu. Also the facility did not have substitutions maintained in file for the last six months.

Interview on at 2:00 PM with staff B, she stated that she has forgot to keep the substitution meals noted on the past menus.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maggie's Retirement Home #4
7100 Nw 1 Terrace
Miami, FL 33126

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
XG90

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