STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	14833 Sw 24 Street Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on October 22, 2014. Miramar Senior Living had the following deficiencies at time of the survey:

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on observation, record review, and interview the facility failed to ensure that 1 out of 6 (#5) sampled residents' met the admission criteria. The facility failed to ensure that 1 out of 6 (#5) sampled residents were not admitted to the facility with an unstagable wound.

Findings included:

Facility tour observation on 10/22/14 at 9:00 AM found resident #5 lying in a bed with two half bed rails in the upright position in room #1. Lunch observation on 10/22/14 at 12:18 PM showed staff B blending lunch for resident #5. On 10/22/14 at 12:32 PM staff was observed feeding resident #5 a puree meal.

Record review for resident #5 found the facility did not have a file available for review. Hospice file review found the file did not contain a care plan, hospice progress notes, or nursing assessments.

Interview with the hospice care nurse at 10:15 AM on 10/22/14 stated, " We just got him and he is new. He came from the hospital to this ALF. He has a sacrum wound which is unstageable."

Interview with the administrator's wife on 10/22/14 at 1:20 PM stated, " He came on Saturday night 10/17/14. He came from another ALF in Hialeah. My understanding was he went to the hospital. We had the space so we took him."

Class III

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

Based on record review and interview the facility failed to maintain a written record for wound care and hospice admission for 1 out of 6 (#5)sampled residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	**14833 Sw 24 Street Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings included:

Record review for resident #5 found the facility did not have a file available for review. Hospice file reviewed found the file did contain progress notes and wound care nursing assessments.

Interview with the hospice care nurse at 10:15 AM on 10/22/14 stated, " We just got him and he is new. He came from the hospital to this ALF. He has a sacrum wound which is unstageable."

Class III

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

Based on observation, record review and interview the facility failed to provide scheduled activities and failed to encourage the residents to participate in social, recreational, educational and other activities.

Findings included:

Observed on 10/22/14 at 9:00 AM the facility's activities calendar posted on the board in common area for the month of October. Observations on 10/22/14 from 2 PM to 4:30 PM found some of the residents watching television after lunch and sitting around. A few residents went to their rooms. The activity scheduled for 10/22/14 was puzzles. The residents were not asked if they wanted to do any activities.

Confidential interviews on 10/22/14 regarding activities revealed "No, we don't do anything. No, watch TV, and I don't do anything."

Interview with the administrator on 10/22/14 at 4:00 PM, he stated "They don't really like to do anything."

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview the facility failed to have a written order for half bed rails for 1 out of 6 (#5) sampled residents.

Findings included:

Facility tour observation on 10/22/14 at 9:00 AM found resident #5 lying in a bed with two half bed rails in the upright position in room #1.

Record review for resident #5 found the facility did not have a file available for review. The facility did not have a signed consent and an order for the use of half bed rails for resident #5.

On 10/22/14 at 3:45 PM the administrator confirmed that the facility did not have the orders and consent for resident #5's half bed rails.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	14833 Sw 24 Street Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation and interview facility's staff did not follow appropriate procedures when assisting with self administration of medication for 1 out of 5 (#1)sampled residents.

Findings included:

On 10/22/14 at 10:37 AM staff observed assisting with self administration of medications to resident #1. The medication book was not review prior to giving medications. The resident was observed sitting at dining table having breakfast. The resident was tapped on the shoulder then the medications were punch out into a napkin on the table where resident #1 was sitting. Staff did not tell resident #1 what medications she was taking.

On 10/22/14 at 3:45 PM the administrator stated, "They are used to what medications they take everyday so they don't check."

Class III

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

Based on observations, record review and interview the facility failed to ensure staff had proof of negative tuberculosis examinations documented on an annual basis for 3 out of 3 (#A, B, and C) staff members.

Findings included:

Observations made on 10/22/14 at 9:00 AM found staff B in facility alone with six resident. Staff B was observed cleaning, cooking and preparing residents' meals. The staff A arrived at the facility on 10/22/14 at 11:50 AM.

Record review conducted on 10/22/14 showed staff A, B, and C did not have proof of negative tuberculosis examinations documented on an annual basis. The last examinations for staff A, B, and C were dated 06/25/13.

Interview with the administrator on 10/22/14 at 4:00 PM, he stated " I will make sure each staff get the physical done."

Class III

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

Based on record review and interview the facility failed to ensure 3 out of 3 (A, B, and C) sampled staff completed the a minimum of 2 hours of continuing education on providing assistance with self-administered medications annually.

Finding included:

Record review of the employee files for staff A, B, and C contained the 4 hours medication training on 2/27/13. The staff did not have the updated 2 hours continuing education training annually.

Interview on 10/22/14 at 4:00 PM with the administrator who acknowledged staff did not have the training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	10/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	**14833 Sw 24 Street Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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 substitution before or when the meal is served and failed to ensure menus are dated and planned at least 1 week.

Findings included:

Lunch observation on 10/22/14 at 12:00 PM found the residents were served chicken, white rice, mixed vegetables, potatoes, and custard for dessert.

Review of the menu posted on wall for Wednesday lunch stated, meatballs, rice, mixed salad, salad dressing, and pudding for dessert. The substitutions were not documented at all on the menu or anywhere in the facility. Also, the facility did not have the menu dated or planned for a least 1 week.

Interview on 10/22/14 at 4:00 PM with the administrator, he stated "She must have forgotten. I will make sure she does it."

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on observations, record review, and interview the facility failed to have a current sanitation inspection report and have an up to date admission and discharge log.

Findings included:

Facility tour observations on 10/22/14 at 9:00 AM found six residents residing in the facility. Observations on 10/22/14 at 9:10 AM found the sanitation inspection dated 10/02/13 and expired on 10/02/14.

Review of admission and discharge found five residents listed. Resident #5 was not listed on the log. Record review contained no updated inspections available for review.

Interview on 10/22/14 at 4:00 PM with the administrator who acknowledged the facility did not have current facility records.

Class III

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

Based on observation, record review, and interview the facility failed to have a record for 1 out of 6 (#5) sampled residents. The facility failed to have weights record at admission, doctor's orders, an executed contract, and a hospice plan for 1 out of 6 (#5) sampled residents.

Findings included:

Facility tour observation on 10/22/14 at 9:00 AM found resident #5 lying in a bed with two half bed rails in the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	**10/22/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living	**14833 Sw 24 Street Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

upright position in room #1. Lunch observation on 10/22/14 at 12:18 PM showed staff B blending lunch for resident #5. On 10/22/14 at 12:32 PM staff was observed feeding resident #5 a puree meal.

Record review for resident #5 found the facility did not have a file available for review which included a completed demographic sheet, executed contract, doctor's orders for a puree diet, medications, weights at admission, or nursing services. The facility also failed to have hospice care plan for resident #5.

Interview with the hospice care nurse at 10:15 AM on 10/22/14 stated, " We just got him and he is new. He came from the hospital to this ALF. He has a sacrum wound which is unstageable."

Interview with the administrator's wife on 10/22/14 at 1:20 PM stated, " He came on Saturday night 10/17/14. He came from another ALF in Hialeah. My understanding was he went to the hospital. We had the space so we took him."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 10, 2014

Administrator
Miramar Senior Living
14833 Sw 24 Street
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on October 22, 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 12/10/2014 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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida