STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912091	11/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tamiami Lakes Montblanc Alf	2040 Southwest 127th Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. Tamiami Lakes Montblanc ALF had the following deficiencies at time of the survey:

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 provide a safe environment for residents.

Findings Included:

Observation on at 10:00 am revealed that the facility had a dog in the facility at time of the survey.

A record review on / at 1:00 pm revealed that the dog did not have records at the facility and it had access to the facility residents' living area).

Interview with resident #4 on / at 1:30 pm revealed that the dog had seven puppies and they were at the backyard.

Interview with staff A and B on / at 1:37 pm confirmed that the dog had seven puppies. The puppies belonged to her daughter and they would stay in the facility for a short time.

Class III

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

Based on observation, record review, and interview the facility failed to follow the appropriate steps in assisting with self-administration of medication for 1 out of 4 residents (#3) sample residents.

Findings included:

Observation on / at 1:00 pm revealed the administrator assisting resident #3 with self-administration of medication. The administrator did not check the medication observation record (MOR) with resident #3's medications. Further observations on / at 1:10 pm revealed that the administrator did not tell the resident which medication she was taking.

Record review found the administrator did not sign the MOR after resident #3 took the medication.

Interview on / at 1:20 pm with the administrator confirmed that she did not use the MOR and /or told resident #3 which medications she was taking.

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Class III

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

Based on record review and interview the facility failed to have the administrator's high school diploma.

Findings included:

Record review on !/ at 10:00 am revealed that the administrator did not proof of a high school diploma at the facility.

Interview with the administrator on !/ at 1:30 pm confirmed that the high school diploma was not at the facility at time of survey.

Class III

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

Based on observation, record review, and interview the facility failed to maintain the admission and discharge log updated.

Findings included:

Observation on !/ at 8:30 am revealed that facility had four residents in the facility at time of the survey.

Record review to the admission and discharge log on !/ at 10:00 am revealed that facility did not have a resident #1 as a limited mental health resident. Further review on !/ at 10:10 am revealed that facility had two discharged residents as current resident in the facility.

Interview with the administrator on !/ at 1:00 pm stated she did not updated admission and discharge log because she was waiting on her consultant.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

I, 2014

Administrator
Tamiami Lakes Montblanc Alf
2040 Southwest 127th Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 17, 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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