STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966825	10/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living Iii	15242 Sw 16th Terrace Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels 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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

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

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for 1 out of 5 (#5) sampled residents within 30 days of admission.

Findings included:

Record review found that the facility did not have a health assessment for resident #5 who was admitted on .

Interview with the staff D on at 4:00 PM, she stated the doctor completed but has not given it to the facility.

Class III

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

Based on record review and interview the facility failed have evidence of negative examinations on an annual basis for 5 out of 5 (A, B, C, D, and (&) E) staff members.

Findings included:

Personnel record review conducted on found staff A, B, C, D, & E did not have evidence of negative examinations on an annual basis. The last statement for communicable and including on file was dated and expired for staff members.

On at 4:00 PM staff D acknowledged staff did not have negative examinations at the facility.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

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Based on tour, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for 1 out 5 (E) sampled staff.

Findings included:

Observations during the tour on at 9:00 AM found staffing schedule posted on wall. Staff B and E were found at facility alone and were observed assisting residents with morning care, medications, transferring, ambulating, toileting, and assisting them with meals.

Record review of the facility's staffing schedule found staff E was not written on the schedule.

Interview on with staff D at 4:00 PM, she stated "I do not have the names listed on the schedule I have not updated the schedule."

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 have the a minimum of 2 hours of continuing education training in assistance with self administration of medications annually for 5 out of 5 (A, B, C, D, & E) sampled staff.

Findings included:

Record review found that staff A, B, C, D, and E did not have 2 hours of medication training available for review on . Staff members received 4 hours medication training on .

Staff D acknowledged during interview on at 4:00 PM that staff did have the 2 hours medication training completed.

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.

Findings included:

Observation made on at 9:30 AM of menu posted showed Cycle 1 for Wednesday: Meatballs, rice, mixed salad,salad dressing, pudding.

Observation on at 12:00 PM of lunch showed the residents were served white rice, mixed vegetables (cauliflower, broccoli, carrots), Spanish egg omelet, and a cup of water.

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Substitutions were not documented on the menu before serving the meal at 12:00 p.m. or before the meal was served.

Interview with staff D on at 4:00 acknowledged the substitutions were not noted on the menu.

Class III

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

Based on record review and interview the facility failed to have a completed admission package for resident #1. The facility failed to have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney for 1 out of 5 (#3) sampled residents.

Findings included:

Observation made on at 10:00 AM found staff B assisting residents with medication assistance.

Record review found that the facility did not have signed informed consent for unlicensed staff to assist with self administration of medications and the admission package for resident #1.

Record review found that the facility did not have health surrogate, guardian, or power of attorney for resident #3. Record review found paperwork in admission package was sign by her daughter.

Staff D confirmed the findings on at 4:00 PM after the review that records for residents #1 and #3 were not completed.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview the facility failed to have an executed contract for 1 out of 5 (#1) sampled residents.

Findings included:

Record review found that the facility did not have signed contract for resident #1 who was admitted on

Staff D confirmed the finding on at 4:00 PM after the review that resident #1 did not have a signed contract.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Miramar Senior Living Iii
15242 Sw 16th Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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