STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	**03/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MAJESTIC SENIOR CARE ALF	**15347 SW 179 TERRACE MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Majestic Senior Care had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have an accurate health assessment for one out of six (Resident #3) sampled residents.
Findings included:
Record review on showed Resident #3's health assessment dated / documented that the residents needed assistance with medications. There was no documentation on the health assessment that stated that Resident #3 was able to self administer his .
During an interview on at 3:32 PM, the Caregiver stated that Resident #3 is independent with his .
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure all the resident's medications were filled in a timely manner for one out six (Resident #4) sampled resident.

Findings included:

Review of the 2015 medication observation records (MORs) on at 1:30 PM, showed for Resident #4 2 mg and 325 mg were listed.

Observation of Resident #4's medications in the facility showed 2 mg and 325 mg were not available for review.

During an interview on at 3:30 PM, the Caregiver stated that they called the pharmacy and they are waiting to receive the medications.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint in writing a manager for the facility. The facility failed to provide evidence of a high school diploma or GED for the facility's Administrator.

Findings included:

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0077 Continued From page 1

Review of facility finder showed the Administrator supervised two assisted living facilities. Review facility's record showed the facility did not have a manager appointed.

Personnel record review found that the facility's Administrator (hired /) did not have evidence of having a high school diploma or its equivalent.

During an interview on at 3:30 PM, the Caregiver stated the facility did not appoint a manager for the facility. The caregiver confirmed that Administrator's record did not have documentation of her high school diploma.

Class III

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

Based on observation and interview, the facility failed to have a the current menu posted.

Findings included:

Observation on at 9:30 showed that the facility's menu posted was not dated.

During an interview on at 3:30 PM, the Caregiver acknowledged that the facility did not have the updated menu displayed.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain the closet doors.

Findings included:

Observation on at 9:00 AM showed that the closet located in the hall missed the door.

During an interview on at 3:30 PM, the Caregiver confirmed the findings and stated that they will be fixed the closet door.

Class III

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

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

0160 Continued From page 2

Based on observation, record review and interview, the facility failed to have proof of a satisfactory annual sanitation inspection and fire inspection.

Findings included:

Observation on at 9:15 AM showed the last sanitation inspection was dated // and the last fire inspection was dated posted in the bulletin board.

Review of facility's records showed that there was not current satisfactory sanitation inspection for review during the survey.

During an interview on at 3:00 PM, the Caregiver stated that the facility has a current sanitation and fire inspection but the documents were not in the facility at the time of the survey.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, the facility failed to ensure one out of three (Staff C) sampled staff had documentation of the required Level 2 background screening results.

Findings included:

Review of Staff C's record on at 10:00 AM, showed it did not contain documentation of the level 2 background screening.

A review of the Agency's background screening website on showed she had an eligibility status dated // .

During an interview on at 3:30 PM, the Caregiver acknowledged the status of Staff C's background screening was not at the facility.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure one out of three (Staff B) sampled staff received the required 6 hours Limited Mental Health (LMH) training within 6 months of employment.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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L243 Continued From page 3

Review of Staff B's record on at 10:00 AM showed it did not contain documentation of limited mental health training. Staff B, caregiver was hired on .

During an interview on at 3:30 PM, the Caregiver stated she did not receive the required Limited Mental Health (LMH) training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Majestic Senior Care Alf
15347 Sw 179 Terrace
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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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