STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968509	**04/08/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LOS TRES MILAGROS II, LLC	**15431 SW 159 STREET 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 . Los Tres Milagros II, LLC had the following deficiencies at time of the survey.

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

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of four (A) sampled staff.

Findings included:

Record review on found Staff A, (Administrator) had no documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. Staff A training expired on .

During an interview on at 11:45 AM, Administrator stated " I do assist residents with self-administration of medication at night".

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to complete and submit 1 day initial adverse incident report and 15 day full incident report to the agency for 1 out of 7(# 7) sampled residents.

Findings included:

Record review of residents #1, #2 and #7, the facility did not assess residents at risk for elopement. The facility did not have a separate plan of action that will be individually tailored to the resident's needs to avoid future reoccurrences of an incident.

On Closed record review for resident #7 showed that he was admitted on and discharge on to family home. Health assessment dated diagnoses 's. His file did not contain documentation of his elopement. Staff A stated he left on his own. Staff could not verify when incident occurred in 2014 and she notified the Police. Facility did not have police report available for review.

On Record review of the elopement policies contained the procedure in place to follow. Furthermore review facility adverse incident record showed no incident was reported to any government agency.

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SUMMARY STATEMENT OF DEFICIENCIES
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0165 Continued From page 1

During an interview on at 11:45AM Administrator stated that last year one resident left the facility. I contact the police (911) and I found the resident on the corner after 5 minutes. Police officer and I found the resident at the same time.

During an interview on at 2:30 PM Administrator stated I did not file 1 day incident report. I do not have documentation about the incident.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to have an up to date Level II background screening printed in her file for 1 out of 4 (D) sampled staffs.

Findings included:

Record review on showed Staff D (caregiver hired), had a payment receipt for a level II background screening dated .

Background screaming website was reviewed on and showed that staff D background screening in process dated .

During an interview on at 11:30 AM, Administrator acknowledged that background screening is in process.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2015

Administrator
Los Tres Milagros Ii, Llc
15431 Sw 159 Street
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a standard biennial 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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