

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967002	(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING V	STREET ADDRESS, CITY, STATE, ZIP CODE 5722 SW 165 COURT MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on _____, Miramar Senior Living V had deficiencies found at the 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 have one out of six (C.) sampled employees trained in 2 hours of medication training annually.

Findings included:

1. Record review revealed that Employee C. last medication training expired on _____. The facility did not have any documentation that Employee C. received 2 hours of medication training annually.

The employee was observed on _____ assisting the residents with their noon medications.

2. Interviewed the Administrator on _____ at 4:00 PM, he confirmed the findings in regards to Employee C. not having medication training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Miramar Senior Living V
5722 Sw 165 Court
Miami, FL 33185

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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