STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911004	04/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MILLER HEIGHTS HOME	4930 SW 87 AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

A Complaint (CCR# 2015002584) Investigation Survey was conducted , 2015 to , 2015. Miller Heights Home had the following deficiencies at time of the survey:

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

Based observation, record review, and interview the facility failed to ensure 1 out of 4 (B) sampled staff members have successfully completed the minimum of 2 hours of continuing education training on providing assistance with self-administered medications.

Findings included:

On at 12:00 PM observed Staff B assisting a resident with assistance with medications.

Record review conducted on revealed Staff B's file contained documentation of 4 hours medication training dated and expired . Staff B contained no documentation of 2 hours of continuing education training on providing assistance with self-administration of medication training at the facility.

Interview conducted on at 3:30 PM with Administrator confirmed that Staff B did not have the 2 hours of medication training.

Class III

0189 - ADCCs in ALF - FS 429.905 (2); 58A-6.013 (2-3) FAC

Based on observation and interview the facility failed to provide during the day services such as social, recreational and respite services to an adult who is not a resident in the facility.

Findings included:

Observed on at 9:30 AM Participant #7 (Daycare) in the common area watching television (TV) during the tour of the facility. Observations on revealed Participant # 7 (Daycare) seated watching TV from 9:30 AM to 11:30 AM. At 12:00 PM she stood up and walked to dining table to start to eat lunch. At 12:35 PM, Resident #7 finished eating her lunch and seated back in front of the TV again. There were no activities offered to Participant #7 during survey process from 9:30 AM to 3:00 PM.

Interview on at 11:50 AM with Participant #7 stated, " I am a daycare. My daughter drops me off in the morning and picks me up in the afternoon. I just watch television when I'm here."

Class III

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	AL11911004	**04/24/2015**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Miller Heights Home
4930 Sw 87 Avenue
Miami, FL 33165

RE: CCR #2015002584

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on , 24, 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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