STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967003	04/20/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MIRAMAR SENIOR LIVING VI, INC	15364 SW 10TH STREET MIAMI, FL 33194	

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 VI, Inc had a deficieny at the time of the survey.

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

Based on observation, record review, and interview, the facility failed to ensure that 1 out of 2 (B) sampled staff had a completed Level II background screenings prior providing care and services to residents.

Findings included:

At 9:00 AM on Staff B was found in facility with owner. She was observed preparing the residents meals.

Review of the staff schedule for 2015 shows Staff B listed on the work schedule. Record review found that the facility admitted one resident on . The facility did not determine if Staff B was eligible prior to providing care to residents.

Personnel records review documented a receipt done for background screening dated . There was file contain no proof of a Level II background screening compliance for Staff B. Internet search done on found she is eligible on . Staff B's application shows she was hired on / .

Interview with Staff B on at 3:00 PM confirmed she has been working at the facility since / .

On at 3:30 PM the owner stated, "We just did her background."

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Miramar Senior Living Vi, Inc
15364 Sw 10th Street
Miami, FL 33194

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com