STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963994	**04/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BIRD LAKES FACILITY CARE INC	**14279 SW 52 STREET MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Survey was conducted at on . Bird Lakes Facility Care Inc. Assisted Living Facility had the following deficiencies found at time of survey:

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

Based on record review and interview the assisted living facility's assistant administrator (manager) failed to complete the CORE training requirements.

Findings included:

Record review of the administrator, whose application was dated , lacked any documentation of completing the 26 hours of CORE training and/or verification of completing the CORE exam.

In an interview with the administrator on she verified she needed to retake the CORE training, at one time she had taken the course, however her brother, before he , ran the Assisted Living Facility as the administrator and she did not handle any of the day to day administrative functions.

On at 3:05 PM Staff A. stated, "We've had many changes since my brother passed, so I have not been able to enroll to take the training, I will schedule it as soon as time permits."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the Assisted Living Facility failed to have evidence of a power of attorney for two out two (#3 and 4) sampled residents.

Findings included:

Record review on revealed Resident #3 and Resident #4 records were signed by family members and not the residents, neither record had evidence that a power of attorney.

On at 3:10 PM Staff A. stated, "Their family probably have the Power of Attorneys at home, I will get in touch with them and have them bring them for the record. "

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

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

0181 Continued From page 1

Based on record review and interview the assisted living facility failed to submit an emergency plan to the county emergency management agency annually.

Findings included:

On / record review found that the facility Comprehensive Emergency Management plan approved by the emergency management agency had expired on / / .

On / at 10:45 AM administrator stated, " I was told I needed to take the Emergency Management Training and that then I will be able to update the plan here at the facility. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bird Lakes Facility Care Inc
14279 Sw 52 Street
Miami, FL 33175

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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