STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966094	04/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MORNINGSIDE MANOR & VILLA ADULT CARE CORP	200 SOUTH DRIVE MIAMI SPRINGS, FL 33166	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Morningside Manor, Inc & Villa Adult Care Corp. had the following deficiencies found at the time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility's personnel records did not have documentation verifying proof of freedom from communicable including for one out of three (Staff C) sampled staff.

Findings included:

On at 12:00 PM employee record review revealed sampled Staff C (hire date) did not have documentation verifying proof of freedom from communicable including .

On at 1:45 PM interview with the Administrator, she stated that she was aware of the findings that Staff C did not have a physical.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's Administrator failed to participate in 12 hours of continuing education related to assisted living in the last 2 years.

Findings included:

On at 12:00 PM record review showed that the Administrator's last 12 hours of continuing education documentation expired on . The facility did not have any documentation that the Administrator completed the training.

On at 1:45 PM during an interview with the Administrator, she agreed that she had not taken the 12 hours of continuing education training and stated that she was going to take them.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure that 1 out of 3 (Staff C) sampled staff was trained and had documentation of First Aid and training.

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

0083 Continued From page 1

Findings included:

On at 12:00 PM record review revealed Staff C did have current First Aid and training. Staff C's last training expired on .

On at 1:45 PM during an interview with the Administrator, she acknowledged that Staff C did not have current First Aid and training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to maintain documentation of having completed at least one hour training in policies and procedures regarding ( ) for 1 out of 3 sampled employees (Staff B).

Findings included:

On at 12:00 PM during record review Staff B (hired on), revealed that she did not have documentation of at least one hour of training regarding policies and procedures for .

The Administrator brought from her office an alter certificate for Staff B. The certificate had tape over the previous name and date.

On at 1:45 PM during and interview with the Administrator agreed that Staff B did not have documentation for training at the time of survey.

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review, and interview the facility it licensed capacity of 6 bed, the census was 7 residents.

Findings included:

On at 8:30 AM observations during the tour revealed that there were 7 residents in the facility. Record review of the facility posted license revealed the facility is licensed for a capacity of 6 beds.

According to the Administrator one of the residents (Resident #2) just came to the facility to get his medication in

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MORNINGSIDE MANOR & VILLA ADULT CARE CORP	**200 SOUTH DRIVE MIAMI SPRINGS, FL 33166**	

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

Z827 Continued From page 2

the morning and at night, that was the reason why his medication was in the facility, but he was not there living.

Record review found the contract revealed that the facility charged Resident #2, $3300.00 monthly just for that service. On the side of the facility there was a large shed, when asked the administrator to go and see the shed she refused.

On at 9:45 Resident's #2 family member, cousin, in New Jersey, and she stated that her cousin had been living in the facility since 2014, but she could not come to see him more that twice since he has been in the facility. She explained that she came to see him last month, , and that he lived in the shed located on the side of the facility that was converted into a a .

On at 9:50 AM the Administrator finally agreed to show me the shed on the side of the facility. The Administrator acknowledged that Resident #2 lived in the shed but that she lied to me because she got very nervous and that was the reason why she lied to me.

On at 9:50 AM during and interview with Resident #2, he stated that he has been in the facility since and that he was very happy there, because he had his own private did not have to share it with nobody else.

On at 10:55 AM interview with Resident #2 revealed that the facility provided assistance with all the activities of daily living. Resident received all his meals and all his medication form the facility. Medication Observation Record (MOR) was reviewed.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Morningside Manor & Villa Adult Care Corp
200 South Drive
Miami Springs, FL 33166

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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