STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	**05/12/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SOUTH DEERING RETIREMENT HOME,	**9730 SW 160 STREET MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . South Deering Retirement Home had deficiencies found at the time of survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed Health Assessments for 2 out of 7 (#2 and #4) sampled residents.
Findings included:
Record review on showed Resident #2 (admitted on) and Resident #4 (admitted on) health assessment forms dated and respectively was missing . Further review showed that Resident #4 health assessment dated had .
During an Interview on at 1:00 PM the Administrator acknowledged that health assessment for Residents #2 and #4 were incomplete.
Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to conduct two elopement drills yearly.
Findings included:
Record review on showed that the last documented elopement drill performed was on .
During an interview on at 2:15 PM the Administrator confirmed that last drill conducted was on record, .
Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure all centrally stored over the counter (OTC) medications were properly labeled.
Findings included:
Observation on at 11:26 AM showed two unlabeled over the counter medications in the facility refrigerator door shelf, Daytime non- Drowsy 10 FL oz. 296 ML and Original Strength Stomach Relief.
During an interview on Staff D stated that medication was not labeled because it bellowed to staff.
Class III

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

Based on record review and interview the facility failed to show documentation that the Administrator and Manager had at a minimum a high school diploma or GED.

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

0077 Continued From page 1

Findings included:
Record review on showed that the facility's Administrator did not have a high school diploma or equivalent and manager did have had copy of certificate at the facility but was not readable. The facility did not have any other documentation to show that the Administrator and Manager met the education requirement
During the interview on at 11:15 AM Administrator acknowledged the findings. On at 2:24 PM the Administrator stated " I'm not the administrator at the facility " . She stated that Staff B is the Administrator since she opened the facility. I did have high school diploma for Staff B but I cannot read the date that was issue. I do not had the high school diploma at the facility for review.
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 failed to provide proof that the facility's Administrator passed the competency exam upon completion of the CORE training.
Findings included:
Record review on showed that Administrator took the CORE training on 2006, but the facility did not have proof of passing the competency test. Administrator was hired on
During an interview on 2:24 PM, the Administrator stated I did not pass the competency test upon the completion of the core training.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure 1 out of 5 (C) sampled staff received in-service training with 30 days of employment.
Findings included:
Record Review on showed that Staff C's file did not have activities of daily living (ADL) and resident behavioral needs, elopement response, emergency preparedness and evacuation, incident report, resident's rights, and safe food handling training with 30 days of employment. Staff C was hired on
During an interview on at 10:51 AM Staff C stated that I 'm working here for over a month. She stated that I'm working 24 hours at the facility.
During an interview on at 11:15 AM the Administrator acknowledged that the staff did not have the training.
Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure 1 out 5 (D) sampled staff had received 2 hours of nutrition and safe food handling annually.
Findings included:

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

0085 Continued From page 2

Record review showed that Staff D did have nutrition and safe food handling. The last training expired (dated to 2015).
During an interview on at 11:15 AM the Administrator acknowledged that the staff did not have the training.
Class III

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

Based on record review and interview the facility failed to ensure 1 out of 5 (C) sampled staff received a minimum of 1 hour in-service training in the facility's policy and procedures regarding
Findings included:
Record review on showed that for Staff C (hire on) did not have documentation in the record that Staff D completed one hour training for within 30 days of employment.
During an interview on at 10:51 AM Staff C stated that I ' m working here for over a month. Staff stated that she needed to do some training that was missing from her record.
Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, record review, and interview the facility failed to ensure that all regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian.
Findings included.
Facility tour on at 9:25 AM showed that the facility's menu that was posted in the kitchen on the refrigerator.
Record review on showed that the menu used by the facility staff to prepare daily meals for the residents expired on / .
During an interview on at 12:13 PM Staff D stated that staff followed the expire menu to cooked for residents.
During an interview on at 12:15 AM administrator acknowledged that the facility do not have updated menu for review.
Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the assisted living facility failed to provide a safe living environment for residents.
Findings Included:
During tour on at 9:25 AM revealed the hallway to the living unpainted wall where the air conditioner thermostats box located. Further observation # had cabinet with inside black substances and a hole. Closet glass door in # was unsecured. On the hall way next to the

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0152 Continued From page 3

used by the facility (linens) missing one door. Observed in the kitchen had peeling paint on the ceiling near to the air conditioning vent and in the dining paint behind the microwave.
During an interview on at 9:40 AM the Administrator stated she needed to make some repairs at the facility.
Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview, the facility failed to have an up-to-date admission and discharge log.
Findings included:
During facility tour on at 9:25 AM with the Administrator there were three with two singled beds in each one occupied by residents and one private one bed (total seven residents) at the facility.
Record review on showed that facility was 6 residents listed on the facility's admission discharge log.
During an interview on with the facility's Administrator confirmed the admission and discharge log was inaccurate by not documenting Resident #1's admission. Per administrator Resident #1 was not listed.
Class III

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

Based on observation, record review, and interview the facility failed to have signed the consent for unlicensed staff to assist with self-administration of medication for 1 out of 7 (#1) residents sampled.
Findings included:
Observation on at 11:47 AM showed that facility did have medications for Resident#1 in the lock medication cabinet: 500 MG 1 table a day; 20 MEQ 1 tablet a day; 125 MCG one tablet a day; 1 mg one tablet a day; 100 mg 1 tablet twice a day; Montelukas sod 10 MG one tablet daily; 20 mg one tablet a day; 500 mg one tablet twice a day, 10 mg one tablet a day; 0.25 mg one a day.
Record review on showed that Resident #1's file did not have signed the consent for unlicensed staff to assist with self-administration of medication.
During an interview on at 11:45 AM Administrator stated, " I do not have the inform consent for unlicensed staff to assist with medication to Resident #1.
Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview 1 out of 7 resident records (Resident #1) reviewed did not contain a resident contract with the facility executed at or prior to admission.
Finding included:

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Continued From page 4

Record review on showed that for Resident #1 admitted on , the facility had not executed a contract with the Resident.
During an interview on at 11:47 AM, Administrator acknowledged that in-fact the facility had not executed and entered into a contract with Resident #1.
Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care and meals to seven residents. The facility provided services to residents outside the current license capacity of six beds.
Findings included:
During the facility tour on at 9:25 AM with the Administrator showed that there were seven residents in the facility. Resident #1 resided in # 1. Per Administrator there were three with two singled beds in each one occupied by residents and one private one bed (total seven residents) at the facility.
Observation on at 11:47 AM showed that facility did have medications for Resident#1 in the lock medication cabinet: 500 MG 1 table a day; 20 MEQ 1 tablet a day; 125 MCG one tablet a day; 1 mg one tablet a day; 100 mg 1 tablet twice a day; Montelukas sod 10 MG one tablet daily; 20 mg one tablet a day; 500 mg one tablet twice a day, 10 mg one tablet a day; 0.25 mg one a day.
During an interview on at 9:20 AM with Resident #1 stated "I'm living here for 2 or 3 weeks. I liked here. I like my # 1 this is my bed with a doll."
During an interview on at 9:45 AM the Administrator stated that Resident #1 was not in the admission and discharge log because she was admitted for few weeks only. Furthermore Administrator stated "I had one or two residents that want to move out of the facility and I had her in case that they lived." She stated "I do not want to have this empty bed."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2015

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157

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