STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911390	**05/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SYLVIA'S RETIREMENT HOME, INC	**1823 NW 94 STREET MIAMI, FL 33147**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2015. Sylvia's Retirement Home, Inc had the following deficiencies at time of the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview the facility failed to have an activities calendar posted.

Findings included:

Observations made on during tour of the dining area found board with activities written on it. Th was no date or daily hours written on it. The facility did not have an activities calendar posted for the month of .

Interview with the Administrator on at 3:00 PM stated, "We write in down on the board. I have a print out but I would have to find it."

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 per year. The facility also failed to have an elopement policy and procedure.

Findings included:

Record review of the elopement book showed no policies and procedures. The last drills conducted were on /13 and .

Interview with the Administrator on at 3:20 PM acknowledge the drill were no done after review of folder and that the facility did not have the policies and procedure available.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings included:

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0079 Continued From page 1

Observations made on at 9:30 a.m. found Staff B in facility alone with the residents. Staff B was observed cleaning, folding residents clothes, cooking and preparing residents meals, and assisting residents with feeding. The Administrator arrived on at 10:37 a.m.

The staff schedule posted was dated / to . The facility did not have another schedule posted and available for review.

Interview with the Administrator on at 3:20 PM stated, "I have it somewhere. I do not have it right now."

Class III

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

Based on record review and interview the facility failed to have documentation of the 2 hours of continuing education training on providing assistance with self-administered medications for one out of three (#A) sampled staff.

Findings included:

Record review conducted on revealed the Administrator did not have documentation showing she received 2 hours medication update training. The last training was done on for 1 hour.

Interview on at 3:00 PM with Administrator after review of the file acknowledged findings that the training hours did not meet the requirement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sylvia's Retirement Home, Inc
1823 Nw 94 Street
Miami, FL 33147

Dear Administrator:

This letter reports the findings of an Abbreviated 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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