STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	R **06/03/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
MAJESTIC SENIOR CARE ALF	**15347 SW 179 TERRACE MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on . Majestic Senior Care had a deficiency at the time of the survey.

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

Based on record review and interview the facility failed to have the facility manager trained in providing assistance with self-administration of medications on annual basis.

Findings as follow:

Record review showed the facility's Manager, hired on , last medication continuing education training was dated . The facility did not have any documentation that the Manager received the updated training.

On at 11:30 a.m. Staff B acknowledged that the Manager did not have the training.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966955	A. Building B. Wing	6/3/2015

Name of Facility	Street Address, City, State, Zip Code
MAJESTIC SENIOR CARE ALF	15347 SW 179 TERRACE MIAMI, FL 33187

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC	Correction Completed	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed	ID Prefix **A0077** Reg. # **429.176 FS; 58A-5.019(1) F** LSC	Correction Completed
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	Correction Completed	ID Prefix **A0152** Reg. # **58A-5.023(3) FAC** LSC	Correction Completed	ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed
ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC	Correction Completed	ID Prefix **AL243** Reg. # **429.075(1) FS; 58A-5.0191(** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By** LS	**Date:** 6/24/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Majestic Senior Care Alf
15347 Sw 179 Terrace
Miami, FL 33187

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than .

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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