STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968156	**06/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PEREGON LLC	**8064 S W 133 CT MIAMI, FL 33183**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on / . Peregon Llc had the following deficiencies at time of the survey:

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

Based on record review and interview, the facility failed to appoint in writing a manager for the facility.

Findings include:

Review of facility finder website showed the Administrator supervised two assisted living facilities.

Review facility's record showed the facility did not have a manager appointed.

During an interview on / at 2:30 PM, Staff A, Administrator stated that she did appoint a manager for the facility.

Class III

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

Based on the observation and interview, the facility failed to maintain a 3 day supply of non-perishable foods.

Findings include:

Facility tour conducted / at 9:30 AM showed the facility had a census of 7 residents. The food supply was [illegible] for 7 residents. Review of the emergency food supply showed that the facility had zero ounces of milk.

During an interview on / at 2:30 PM, Staff A, Administrator stated that the facility did not have milk in the emergency food supply.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview the facility failed to provide evidence of personnel records containing a copy of the employment application with references for one out of four (Staff C) sampled staff.

Findings include:

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0161 Continued From page 1

Observation on I/ at 09:15 AM showed that Staff C was assisting the residents with personal care.

Review of Staff C's personnel record on I/ showed it did not contain documentation of a copy of the employment application with references.

Interview conducted on I/ at 11:45 PM, Staff C, Caregiver stated that she has been working in the facility for seven days.

Interview conducted on I/ at 1:30 PM, Staff B, Owner/ caregiver acknowledged that Staff C did not have an employment application with references in the files.

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation and interview, the facility failed to obtain a licensure capacity increase prior to providing personal care, and meals to seven residents (Residents #1-7). The facility provided services to residents outside the current license capacity of six.

Findings include:

A tour of the facility was conducted on I/ at 9:00 AM with the facility staff. During the tour, it was revealed that there were seven residents in the facility.

Review of Resident #7's record showed she had an agreement for Intergenerational Respite Care dated I/ . The resident will receive the service from to .

Interview conducted on I/ at 2:45 PM, Staff A, Administrator stated "I understand that respite clients are not included within the licensed capacity standards as long as there's adequate space and of course all needs are being meant including having appropriate staffing."
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Peregon Llc
8064 S W 133 Ct
Miami, FL 33183

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