

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967002	(X3) DATE SURVEY COMPLETED R 06/12/2015
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING V	STREET ADDRESS, CITY, STATE, ZIP CODE 5722 SW 165 COURT MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/12/15. Miramar Senior Living V had a deficiency found 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 one out of four (C) sampled staff trained in 2 hours of assistance with self-administration of medications annually.

Findings included:

Record review showed that Staff C did not have documentation that she received 2 hours of assistance with self-administration of medication training annually. The last medication training was dated

During an interview on at 10:10 AM the facility's Owner confirmed the medication training for Staff C was not at the facility.

Uncorrected Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Miramar Senior Living V
5722 Sw 165 Court
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2015 by 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 , 2015.

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

