STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	09/30/2015
NAME OF PROVIDER OR SUPPLIER **SOUTH DEERING RETIREMENT HOME,**	STREET ADDRESS, CITY, STATE, ZIP CODE **9730 SW 160 STREET** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Complaint Survey (CCR 2015009257) was conducted on . South Deering Retirement Home had the following deficiencies at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to ensure that residents' rights were not violated by not turning on the air conditioning in the facility.

Findings as follow:

On at 9:10 a.m. upon arrival it was observed the facility's air conditioning (AC) thermometer placed in the hall.to the living 81 degrees Fahrenheit. All residents ceiling fans some of them were on. The facility had most of the windows open and the front door was also open. Observed a portable fan in the Florida addition to the ceiling fan.

On 9:15 a.m. Staff D stated the Administrator wants Staff to open doors and put air conditioner on 79 to 80 degrees when cleaning.

Interview with the facility's Owner (Staff C), stated they do not turn on the AC because some residents does not want to feel but agreed to solve the situation soon and promised to keep the temperature at a cool degree.

Interview with Resident #7 on at 9:25 a.m. revealed that the AC is always off in the morning; Staff turn it on in afternoon and night.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings as follow:

Record review showed the facility's Administrator (Staff A) supervised two facilities. Record review found the facility's manager (Staff B) also supervised two facilities. The facility failed to appoint a separate manager for the facility that did not supervised any other facility.

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Phone interview on at 10:20 a.m. with the facility's Owner (Staff C) acknowledged the Manager (Staff B) supervised other facilities.

Class III

0161 Records - Staff

Based on record review and interview the facility failed to have 1 out of 4 (Staff B) staff records in facility which contained at a minimum, an employment application with references, documentation of background screening, and documentation of compliance with all training requirements.

Findings as follow:

Record review found the facility failed to have Staff B (manager)'s record, in facility, available for review. The facility failed to have a completed employment application with references, documentation of background screening, and documentation of compliance with all training requirements for Staff B.

On at 10:30 a.m. Staff C (owner) stated Staff B was the manager and acknowledged the facility failed to have its employee record available for review.

Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have 1 out of 7 (Resident #7) sampled residents records in facility.

Findings as follow:

On at 9:10 a.m. observed Resident #7 in facility.

Record review found the facility failed to have a record for Resident #7 including but not limited to the following:
1. Resident demographic data
2. A copy of the Resident Health Assessment form, AHCA Form 1823.
3. Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s

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order
4. A weight record initiated on admission.
5. A copy of the resident ' s contract with the facility.

On at 9:30 a.m. Resident #7 stated have been living in facility for 6 years.

Phone interview on at 10:20 a.m. the facility's owner (Staff C) acknowledged the facility did not have a record for Resident #7.

Class III

Z827 Unlicensed Activitv

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

Findings as follow:

On at 9:10 a.m. observed Residents #6 and #7 in facility.

On at 9:10 a.m. Staff D (caretaker) stated during facility tour, that facility had 7 residents as follow :
In # Resident #2
In # Residents #1 and #6
In # Resident #5
In # Resident #3
In # Residents #4 and #7

On at 9:25 a.m. Resident #7 stated he was living in facility for about six years.

On at 9:30 a.m. Staff D stated resident #7 sleeps in facility but no every day.

Phone interview on at 10:20 a.m. the facility's Owner (Staff C) acknowledged the facility was overcapacity by having seven facility residents.

Record review found the facility has a capacity of 6 beds. Record review also showed the facility had executed contracts between Residents #1, #2, #3, #4, #5, and #6 and the facility. The facility did not

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have a record for Resident #7.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157
RE: CCR #2015009257

Dear Administrator:

This letter reports the findings of a complaint 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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