STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967271	10/12/2015
NAME OF PROVIDER OR SUPPLIER **PREMIER ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11401 SW 42 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A complaint (CCR #2015010766) survey was conducted on , 2015. Premier Assisted Living with limited mental health component had the following deficiencies:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview, the Assisted Living Facility failed to limit the used of physical restrains to half bed rails for two (#2 and #5) out of seven sampled residents, as well as to have a doctor order for the use of for one (#5) out of seven sampled residents.

Findings included:

Observation during tour of the facility on at 8:00 PM found that Resident #2 was resting on her bed with full bed rail up and Resident #5 was resting on her bed with bed rails up and used boots.

Record review of Resident #2's file revealed that there was a resident consent for the use of half-bed rails . Doctor order for half-bed rails signed on .

Record review of Resident #5's file revealed that there was a resident consent for the use of half-bed rails . Doctor order for half-bed rails signed on .

Exit interview was conducted with the Administrator on at 10:06 PM, she acknowledged the findings regarding the bed rails.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, Assisted Living Facility failed to have one out of four (Caregiver C) sampled staff rescreened for level 2 background screening by , 2015.

Findings included:

Record review of Caregiver C's personnel file revealed that Caregiver C had a background screening with eligible status dated . The background screening unit website revealed that Caregiver C's background screening showed "a new screening was required."

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In an interview with the Administrator on / at 8:56 PM revealed that she did not know about the change in regulation about background screening, she thought that Caregiver C's background screening was good until next year.

Unclassified

Z827 Unlicensed Activitv

Based on observation, interview, and record review, the Assisted Living Facility exceeded the license capacity of six residents.

Findings included:

1. Observations on at 8 PM during tour of facility revealed that Resident #2 was resting on # with full bed rail up, Resident #5 was resting in # with full bed rail up and using boots, Residents #3 and #4 were resting in their bed in # while watched television, Resident #1 was in # checking at her phone agenda while Residents #6 and #7 were resting in their beds in #.

2. The Administrator stated on at 8:25 PM during an interview, "Yes, we are overcapacity, we had seven residents."

In an interview on at 9:56 PM Resident #1 revealed that she lived in the facility and received assistance with activities of daily living when she needed.

In an interview on at 9:12 PM Resident #3 revealed that she lived in the facility.

In an interview on at 9:06 PM Resident #4 and revealed that she lived in the facility and received assistance with activities of daily living when she needed.

In an interview on at 8:46 PM Resident #6 and revealed that she lived in the facility and received assistance with activities of daily living when she needed.

An attempted to interview on at 9:00 PM Resident #7, she confirmed with head movement that she lived in the facility and received assistance with activities of daily living.

3. Resident #1 had a resident agreement for care signed on .

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Resident #2 had a resident agreement for care signed on .
Resident #3 had a resident agreement for care signed on / .
Resident #4 had a resident agreement for care signed on / .
Resident #5 had a resident agreement for care signed on .
Resident #6 had a resident agreement for care signed on .
Resident #7 had a resident agreement for care signed on .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Premier Assisted Living
11401 Sw 42 Terrace
Miami, FL 33165
RE: CCR #2015010766

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

XG90

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