STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	11/18/2015
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

0000 Initial Comments

A Standard Biennial Survey was made on , 2015. Senior Retirement Home, Inc had the following deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have an updated health assessment for one of five (Resident #2) sampled residents.

Findings included:

On / at 11:00 AM observed a nurse from hospice taking care of Resident #2.

On / at 11:20 AM the nurse from hospice stated, "Resident #2 has an Sacral , healing, an unstageable in left hip, with 80% red and 20 % yellow tissue and a Right hip unstageable with a 95% yellow tissue and 5 % pink." She added she comes on daily basis to care resident #2.

Record review (hospice notes) documented resident #2 was under Hospice and care. Record review also documented Resident's #2's last health assessment dated stated resident has no . The health assessment also stated resident needed medication administration.

On / at noon, the facility's owner acknowledged the facility failed to have a new evaluation to document skin changes ( ) for Resident #2 and added that the health assessment for Resident #2 stated resident needed medication administration but this resident receives assistance with medication administration.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview the facility failed to have the regular and therapeutic menus reviewed annually.

Findings included:

Record review documented the facility menu was expired on

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On / / at 12:15 PM the facility owner (Staff C) stated, "the facility menu expired on ."

Class III

0160 Records - Facilitv

Based on record review and interview the facility failed to have an updated satisfactory fire inspection report and a sanitation inspection report issued by the county health.

Findings include:

Record review showed the facility last fire inspection report documentation was dated and expired on . The facility last sanitation inspection report documentation was dated and expired on .

On / / at 12:15 PM the facility owner (Staff #C) stated, "The facility had no updated Fire and Sanitation inspections due to the delay of the agencies in charge to do the inspections and submit it."

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of five (Resident #2) sampled residents.

Findings include:

Record review showed the contract between Resident #2 and the facility was signed by a family member of resident #2. Record review showed the facility failed to have a health care surrogate appointed, health care proxy, guardian or a power of attorney for resident #2.

On / / at 12:15 PM the facility owner (Staff C) stated, "The contract between Resident #2 and the facility was signed by a family member and added the facility failed to have a health care surrogate appointed, health care proxy, guardian or a power of attorney for Resident #2."

Class III

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0181 Emergency Plan Approval

Based on record review and interview the facility failed to have the emergency management plan, with documentation of review and approval by the county emergency management agency submitted and approved on annual basis.

Findings include:

Record review showed the facility had no documentation of the Emergency Management Plan, available for review.

On / at 12:15 PM the facility owner (Staff C) stated, "The facility had no an updated Emergency Management Plan, available for review."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Senior Retirement Home, Inc
3033 Sw 6 Street
Miami, FL 33135

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. **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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