| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966807** | **11/30/2015** |
| NAME OF PROVIDER OR SUPPLIER **STAR OF MARY ADULT CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE **6425 SW 93 PLACE MIAMI, FL 33173** | |

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

**0000 Initial Comments**

A Change of Ownership survey was conducted on / . Star of Mary Adult Center had the following deficiencies found at the time of the survey:

**0008 Admissions - Health Assessment**

Based on record review and interview the facility failed to have a complete health assessment for 1 out of 6 (Resident #1) sampled residents.

Findings as follow:

Record review showed Resident #1's health assessment dated did not indicate what type of assistance the resident needed with medications.

On / at 12:05 p.m. the Administrator acknowledged the health assessment for Resident #1 was incomplete because it did not show the type of assistance the resident needed medications.

Class III

**0030 Resident Care - Rights & Facility Procedures**

Based on observation, record review, and interview the facility failed to limit physical to half (1/2) bed rails for 1 out of 6 (Resident #5) sampled residents.

Findings as follow:

On / at 8:15 a.m. observed Resident #5 in bed with a quarter bed rails up on the left side of the bed.

Record review showed the facility did not have any orders for bed rails for Resident #5.

On / at 11:50 a.m. the Administrator stated they did not find the bed rail order for Resident #5.

Class III

**0032 Resident Care - Elopement Standards**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966807 | 11/30/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**STAR OF MARY ADULT CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6425 SW 93 PLACE**<br>**MIAMI, FL 33173** | |

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

Based on record review and interview the facility failed to perform at least to elopement drills per year.

Findings as follow:

Record review found the facility did not conduct any elopement drills within the last year.

On / at noon the Administrator stated they have not performed any elopement drills.

Class III

**0080 Training - Core & Competency Test**

Based on record review and interview the facility failed to have an Administrator who successfully pass the CORE exam within 3 months of employment.

Findings as follow:

Record review found the Administrator (Staff A) was hired on . The Administrator took the CORE training on . The facility did not have any documentation that the Administrator successfully passed the CORE competency exam within 3 months of employment.

On / at 11:40 a.m. the Administrator stated he did not pass the CORE test by one point.

Class III

**0162 Records - Resident**

Based on record review and interview the facility failed to have weights initiated on admission for 1 out of 6 (Resident #1) sampled residents.

Findings as follow:

Record review showed the facility failed to have weights initiated at admission for Resident #1, who was admitted on .

On / at 12:05 p.m. the Administrator acknowledged the facility did not have a weights initiated on admission for Resident #1.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966807** | **11/30/2015** |
| NAME OF PROVIDER OR SUPPLIER<br>**STAR OF MARY ADULT CENTER** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6425 SW 93 PLACE**<br>**MIAMI, FL 33173** | |

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Star Of Mary Adult Center
6425 Sw 93 Place
Miami, FL 33173

Dear Administrator:

This letter reports the findings of a change of ownership 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 , 2016.** 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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