STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	R
NAME OF PROVIDER OR SUPPLIER **ELEANOR'S RETIREMENT HOME,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12315 NW 23RD AVENUE** **MIAMI, FL 33167**	

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

0000 Initial Comments

A standard biennial revisit survey was conducted on , 2015. Eleanor's Retirement Home, Inc with Limited Nursing Services component had the following deficiencies identified at time of survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a heath care provider documenting that the individual does not have any signs or symptoms of communicable for one out of four (A) sampled staff. The facility failed to have evidence of a negative examination documented on an annual basis for one out of four (B) sampled staff.

Findings included:

Record review on revealed that Staff A did not have his file in the facility at time of survey. The facility failed to have a written statement from a heath care provider documenting that the individual does not have any signs or symptoms of communicable for Staff A. Record review on revealed that Staff B did not have an update negative exam on file at the time of survey.

Interview with Staff C on at 10:45 am, she acknowledged Staff B did not have an update exam available in the facility at the time of the survey. Also, Staff C acknowledged that Staff A did not have his file in the facility at the time of the survey.

Uncorrected Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to have a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Observation on at 9:00 am found three residents in the facility and two children (one a toddler) and one Staff (C).

On at 9:00 am the facility's work schedule did not reflect dates or staff hours. The schedule was dated , 2014 and it had one staff that no longer worked in the facility.

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NAME OF PROVIDER OR SUPPLIER **ELEANOR'S RETIREMENT HOME,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12315 NW 23RD AVENUE** **MIAMI, FL 33167**	

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

Interview on at 9:15 am Staff C stated, "The schedule needed to be updated."

Class III

0080 Trainina - Core & Competency Test

Based on record review and interview the faiclity failed to show the Adminstrator received 12 hours of continuing education training in topics related to assisted living facilities in the last two years.

Findings included:

Record review on revealed Staff A's file was not in the facility at the time of survey. There was no documentation of Staff A receive 12 hours of continuing educaiton training in the last two years.

Interview on at 11:40 am StafF A stated, "The file is not in the facility. I don't know where is it."

Class III

0082 Trainina -

Based on record review and interview the facility failed to ensure one out of four (A) sampled staff complete the one time education course on and .

Findings included:

Record review on revealed Staff A had no documentation proving he received the training.

Interview on at 11:40 am Staff A stated, "The file is not in the facility. I don't know where is it."

Uncorrected Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to ensure that one out of four (A) sampled staff received the initial 4 hours training on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	R
NAME OF PROVIDER OR SUPPLIER **ELEANOR'S RETIREMENT HOME,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12315 NW 23RD AVENUE** **MIAMI, FL 33167**	

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

Record review on revealed that Staff A did not have a file in the facility at time of survey. The facility did not have Staff's medication training.

Interview on at 11:40 am Staff A stated, "The file is not in the facility. I don't know where is it."

Uncorrected Class III

0162 Records - Resident

Based on record review and interview the facility failed to record weights semi-annually for four out of four (# 1,2,3, and 4) sampled residents.

Findings included:

Record review on revealed the last residents' semi-annually weights record by the facility were:

Residents	Date and weight
#1	(124 pounds)
#2	(195 pounds)
#4	(200 pounds)
# 3	(200 pounds)

Interview on /5 at 11:00 am Staff C acknowledged that residents' weight needed to be recorded semi-annually.
Uncorrected Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have documentation of a level II background screening for one out of four (A) sampled staff.

Findings included:

Record review on revealed that Staff A (Administrator) did not have a file in the facility at time of survey. The facility did not have documentation of Staff A's level II background screening.

Interview on at 11:40 am Staff A stated, "The file is not in the facility. I don't know where is it."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	R
NAME OF PROVIDER OR SUPPLIER **ELEANOR'S RETIREMENT HOME,INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12315 NW 23RD AVENUE** **MIAMI, FL 33167**	

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

Unclassified Deficiency

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965217	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
ELEANOR'S RETIREMENT HOME,INC	12315 NW 23RD AVENUE MIAMI, FL 33167

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28(** LSC		ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC		ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	
ID Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC		ID Prefix **A0161** Reg. # **429.275(2) FS; 58A-5.024(2** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 11/7/16	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Eleanor's Retirement Home,inc
12315 Nw 23rd Avenue
Miami, FL 33167

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on 2015by 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

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
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