STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965646	12/28/2015
NAME OF PROVIDER OR SUPPLIER **MARINA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 CARIBEAN BOULEVARD** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Monitoring survey was conducted on and concluded on . Marina ALF with Limited Mental Health component had the following deficiencies at time of the survey:

0004 Licensure - Requirements

Base on observation and interview the facility failed to have the field office approval prior to changing the use of space in the facility.
Findings included:
Observation on at 9:30 AM during facility tour was found employee rented as a private the agency did not have access to the .
Record review on / showed that assisting living facility's floor plan posted on near the entrance wall showed that area was designated as employee .
During an interview on at 11:16 AM the facility's Owner stated that it is private I do not have access. She stated that rented out to a truck driver for many years. She stated I do not have a lease agreement with that person. She stated I did have a rental agreement with that person but expired.
During an interview on at 11:31 AM Staff C (caregiver) stated that she worked at the facility for few month and days that she have to slept at the facility she use a sofa bed located in the living (resident area). She stated that night shift staff use the same sofa and area to sleep daily.
Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to keep medications locked up at all times for three out of four (#2, #3, and #4) sampled residents. The facility failed to disposed medication for two out of four (#3 and #4) sampled residents.
Findings included:
During the facility entrance on / at 9:30 AM observed an unlocked door with medications in a blue plastic box and a white plastic bag with medications on top of the chair.
On at 9:45 AM observed Resident #1 take the plastic bag in one hand and a plastic white bag on the other hand and walked to the common area to the exit door with medications for Resident #2 (DR 20 MG; 500 Mg; 800 MG: 20 MG: 15 MG; 500 Mg, 10 Mg; 25 MG; Fum 100 MG 10 Mg, 0.25 mg); Resident #3's medications (two bottle of 50 mg; 20 mg); and Resident #4' medications (80 mg. Furthermore found over the counter medications: (10 mg) maximum strength (asleep & stay asleep) 81).

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During an interview on / at 9:47 AM Resident #1 stated this is not my medication. He stated I'm going to put it outside. Staff C (caregiver) did interfere and she stated he was going to put medications outside.
During an interview on / at 9:48 AM Staff C (caregiver) stated that medication was for discard and that the medication belonged to a resident that was discharge from the facility. She stated I don't remember when Resident #2 left the facility. She stated I was not here. Caregiver grabbed a bingo card on her hands and she stated he left on . She stated I found this medication and I don't know what to do.
During exit conferences on the facility's Owner stated that medication cabinet was unlocked all the time. She stated lock broke yesterday. She stated my husband is coming to fix it.
Class III

0056 Medication - Labeling and Orders

Based on observations and interview the facility failed to have medications properly labeled. The facility failed to have a physician order or direction to use medication.
Findings included:
Observations on / at 9:30 AM during the facility entrance found the medication storage unlocked.
Reviewed medications on was found bottles of medications without the residents' name or physician order and direction of use for the following: , Temazepan 15 mg; 100. 15, 400 mg, 100 mg; Div Alproex Sod 500 MG, 05. 500 mg.
During an interview on / at 9:48 AM Staff C (caregiver) stated that medication was for discard and that the medication belonged to a resident that was discharge from the facility. She stated I found this medication and I don't know what to do.
During exit conference on the facility's Owner acknowledged that medication bottles needed to be properly labeled and need to have physician orders.
Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation and interview the facility failed to ensure all over the counter (OTC) medications were properly labeled with the residents' names.
Findings included:
Observations on at 9:30 AM during the facility entrance found the medication storage unlocked. The medication plastic bag showed over the counter medications (OTC): (10 mg) maximum strength (asleep & stay asleep) 81 which were properly labeled with the residents'

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

names.
During an interview on / at 9:48 AM Staff C (caregiver) stated that medication was for discard and that the medication belonged to a resident that was discharge from the facility. She stated I found this medication and I don't know what to do.
During the exit conference on the facility's Owner acknowledged that the OTC medications needed residents'.
Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to have a completed level II background screening for one out of three (A) sampled staff.
Findings included:
Record review on showed that Staff A (owner, hired /) had a level II background screening dated with the status "waiting privacy policy."
During exit conference interview on the Staff A (owner) acknowledged that the background screening on record did not have a completed eligibility status.
Unclassified Deficiency

Z816 Background Screening-Compliance Attestation

Base on observation, record review, and interview the facility failed to have an updated background screening completed for one out of three (C) sampled staff that had a break in services for more than 90 days.
Findings included:
Observations on at 9:30 AM Staff C was at the facility assisting six residents with activities of daily living (ADLs); cleaning and preparing food.
Record Review on / showed that Staff C (hired on) did have employment verification and previous employment was blank. Staff C's last background screening was dated / .
During an interview on at 11:38 AM Staff C (caregiver) stated I was for few months without work. She stated for around four to five month. She stated before worked but I do not remember the ALF name. She stated I worked for nine month there. She stated ALF name. She stated "I did not work for four or five month before I start working here."
Exit conference interview on the facility's Owner she acknowledged that she did not verify employment for Staff C. The Owner verified the regulation because she stated that she did not have knowledge about this new regulation that new staff needed a new background screening.
Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Marina Alf
8830 Caribbean Boulevard
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a monitoring 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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