STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	R 02/15/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH DEERING RETIREMENT HOME,**	STREET ADDRESS, CITY, STATE, ZIP CODE **9730 SW 160 STREET** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Complaint (CCR 2015009257) Survey 2nd revisit was conducted on . South Deering Retirement Home had the following deficiencies at the time of survey:

0008 Admissions - Health Assessment

Based on observation, record review, and interview the facility failed to have a health assessment completed for 1 out of 7 (Resident #6) sampled residents.
Findings as follow:
On / at 10:45 a.m. observed Resident #6 sitting in the living .
Resident #6 stated on / at 10:45 a.m. that he living in facility in #.
Record review showed the facility failed to have a health assessment (AHCA form 1823) completed and available for review for Resident #6 who was admitted to the facility on /.
On at 1:20 p.m. the facility's Owner, stated the facility had no health assessment for Resident #6, yet.

Uncorrected Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to have appoint a separate manager for each facility, the Administrator supervised two facilities.

Findings as follow:

Record review showed the facility's Administrator supervised two facilities. Record review found the facility hired a Manager (Staff C) on /. Review of the facility finder website revealed the Manager (Staff C) was the Administers at another facility.

On at 1:45 p.m. the facility's Owner was informed that Manager hired was the Administrator at another facility. The information was reviewed and the Owner acknowledged the findings.

Uncorrected Class III

0161 Records - Staff

Based on record review and interview the facility failed to have a completed record for 1 out of 4 (Staff

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B) sampled staff.
Findings as follow:
Record review showed the facility had no documentation for Staff B.
On / at 12:17 p.m. the Owner stated Staff B was sleeping in # adding she assists in the Alf duties such as cleaning. The owner also stated, the facility had no a background screening or other documentation for Staff B.

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have a level 2 background screening for 1 out of 4 (Staff B) sampled staff.

Findings as follow:

On at 11:07 a.m. observed Staff B coming into facility and passing though the kitchen to # . Staff B was asked her first name and last name but did not answer.
Staff A came in her assistance and provided her name. Staff B was asked if she lived or worked in facility, she stated was a family member of the owner. Staff B got angry and asked "why I had to write her name". Then, walk to #, # was attached to resident #.
Record review showed the facility had no evidence of a level 2 background screening for Staff B.
On / at 12:10 p.m. Staff A stated there was no background screening available for review for Staff B .
On / at 12:17 p.m. the Owner stated Staff B was sleeping in # adding she assists in the Alf duties such as cleaning. The owner also stated, the facility had no a background screening or other documentation for Staff B.
Unclassified

Z827 Unlicensed Activitv

Based on observations, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care, meals, and assistance with self- administration of medication to seven residents. The facility provided services to seven (#7) residents outside the current license capacity of six (6).

Findings as follow:

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On at 10:50 a.m. observed Residents #6 and #7 in facility.

On at 10:50 a.m. Staff A (caretaker) stated during facility tour that the facility had 7 residents as follow:
In # Resident #4
In # Residents #1 and #3
In # Residents #5 and 6
In # Resident #7
In # Resident #2 .

Record review showed the facility had a licensed capacity of 6 residents. Record review found the facility had 7 residents in the admission and discharge log. Record review also showed the facility had executed contracts for Residents #1, #2, #3, #4, #5, #6, and #7.

On at 10:50 a.m. Staff A stated she assisted Residents #1, #2, #3, #4, #5, #6 and #7 with self administration of medications.

On at 12:10 p.m. the facility's Owner acknowledged the facility was overcapacity by having 7 residents.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a **second** Complaint Licensure Revisit Survey conducted on 15, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

YOSF

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