STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910970	R 02/16/2016
NAME OF PROVIDER OR SUPPLIER **TGL RESIDENCE & ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3210 SW 104 COURT** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial Survey Revisit was conducted at on 02/16/2016. Tgl Residence & ALF had the following deficiencies identified at the time of the survey:

0081 Training - Staff In-Service

Based on observation, record review, and interview, the facility failed to ensure staff in charge of food service (Staff A) was trained in safe food handling practices.

Findings as follow:

On at 10:20 a.m. observed Staff A, in the kitchen, preparing food for lunch.

Record review showed the facility failed to have documentation of safe food practices training for Staff A (hired on).

On / at 10:25 a.m. the facility's Administrator stated Staff A received the training but proof of it was misplaced.

Class III

0161 Records - Staff

Based on observations, record review, and interview, the facility failed to have an employee record for one of four (Staff B) sampled staff.

Findings as follow:

On at 8: 25 a.m. observed Staff B in facility coming in and out from residents and common areas. Staff B also assisted during the facility tour.

Record review showed the facility failed to have en employee record for Staff B.

On at 10:15 a.m. the facility's Administrator acknowledged Staff B did not have a record at the facility.

Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910970	R 02/16/2016
NAME OF PROVIDER OR SUPPLIER **TGL RESIDENCE & ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **3210 SW 104 COURT** **MIAMI, FL 33165**	

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

Z815 Background Screening: Prohibited Offenses

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

Findings as follow:

On at 8: 25 a.m. observed Staff B in facility coming in and out from residents and common areas. Staff B also assisted during the facility tour.

Record review showed the facility failed to have en employee record for Staff B. Record review also found the facility failed to have a completed level 2 background screening for Staff B.

On at 10:15 a.m. the facility's Administrator stated she had no a background screening for Staff B because she only comes to facility to clean the facility and washing clothes.

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910970 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
TGL RESIDENCE & ALF	3210 SW 104 COURT MIAMI, FL 33165

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0030	Correction	ID Prefix A0078	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.019(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0080	Correction	ID Prefix A0083	Correction	ID Prefix A0084	Correction
Reg. # 429.52(1-2) FS; 58A-5.0191(1) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed	Reg. # 58A-5.0191(5) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0085	Correction	ID Prefix A0090	Correction	ID Prefix A0093	Correction
Reg. # 58A-5.0191(6) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0160	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.024(1) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	CR	3/2/16		
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/17/2015		☐ 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
Tgl Residence & Alf
3210 Sw 104 Court
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a standard biennial revisit survey conducted on , 2016by 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.

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. 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

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