STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967222	02/03/2016
NAME OF PROVIDER OR SUPPLIER **MGR HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5305 SW 137 CT** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . MGR Home with Limited Mental Health component had deficiencies found at time of survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate manager for each facility, the facility's Administrator supervised more than one facility.
Findings included:
Record review on showed the facility did not have a manager's record or documentation in writing verifying they had appointed a manager to this facility. The health finder website showed the Administrator supervised two assisted living facilities (ALFs).
During an interview on at 9:15 AM, the facility's Administrator stated I'm the administrator of two ALFs. She stated I have a manager for the other facility.
Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.
Findings included:
Observation on at 9:00 AM upon entrance to the facility was found Staff A (administrator) alone at the facility with six residents. Further observations revealed Staff B arrive to the facility on at 9:22 AM.
Record review on showed the following regarding the facility's staffing pattern for 2016: Staff E 7 AM to 7 PM, Staff C 7 AM to 7 PM, and Staff 7 PM to 7 AM.
During an interview on at 9:59 AM, the facility's Administrator stated no staff at the schedule will be at the facility today. She stated Staff E (caregiver) is on vacation, Staff C (caregiver) is working at the other ALF, and Staff D (caregiver) have medical issues. She stated that's the reason why I'm working here today.
Class III

0162 Records - Resident

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one out of six (Resident #1) sampled residents.

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Findings included:
Record review on showed the contract between Resident #1 and the facility was signed by a family member of Resident #1 (daughter). Record review showed the facility failed to have a health care surrogate appointed, health care proxy, guardian or a power of attorney for review.
During an interview on at 10:49 AM, the facility's Administrator stated if they have power of attorney they have it in their house. She stated I will contact the family member.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Mgr Home, Inc
5305 Sw 137 Ct
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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

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