STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	**03/16/2016**
NAME OF PROVIDER OR SUPPLIER **WE CARE SENIOR ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8325 SW 37 STREET** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Limited Mental Health component expansion survey was conducted on . We Care Senior Assisted Living LLC had the following deficiencies at the time of the survey:

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have 1 of 3 (Staff C) sampled staff's written statement from a health care provider, documenting that the individual does not have any signs or symptoms of communicable including within 30 days of employment.

Findings as follow:

On at 8:30 a.m. Staff C was listed on the facility's staffing schedule.

Record review showed the facility failed to have a written statement from a health care provider documenting Staff C does not have any signs or symptoms of communicable including within 30 days of employment.

On at 10:10 a.m. the facility's Administrator acknowledged the facility had no a written statement from a health care provider stating Staff C is free from communicable including

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility failed to have an Administrator who successfully passed the CORE competency test within 3 months.

Findings as follow:

Record review revealed the facility's Administrator was hired on . Further record review showed the Administrator received the Core training on / but the facility had no evidence the CORE competency test was successfully completed.

On at 9:58 a.m. the facility's Administrator stated she passed the test but has no results, yet.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to ensure that 1 of 3 (Staff C) sampled staff received in-service training within 30 days.

Findings as follow:

On at 8:30 a.m. Staff C was listed on the facility's staffing schedule.

Record review showed the facility failed to have documentation that Staff C (hired on) had the following training within 30 days:
Reporting major incidents.
Reporting adverse incidents.
Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
A minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
Resident rights in an assisted living facility.
Recognizing and reporting resident , neglect, and .
Resident behavior and needs.
Providing assistance with the activities of daily living.
Resident elopement response policies and procedures.

On at 10:06 a.m. the facility's Administrator acknowledge Staff C did not received the mentioned training.

Class III

0090 Training -

Based on record review and interview the facility failed to have 1 of 3 (Staff C) sampled Staff trained in policies and procedures regarding ( ) within 30 days of employment.

Findings as follow:

On at 8:30 a.m. Staff C was listed on the facility's staffing schedule.

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

Record review showed the facility failed to have documentation of training for Staff C (hired on).

On at 10:10 a.m. the facility's Administrator acknowledged Staff C did not received training.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register through the clearinghouse for 3 of 3 (Staff A, B, and C) sampled staff .

Findings as follow:

Record review of the facility's staffing pattern showed the facility has three Staff members (Staff A, B, and C).

Review of the background's clearinghouse website showed the facility did not have employees registered.

On at 10:33 a.m. the facility's Administrator stated they had no registered Staff.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
We Care Senior Assisted Living Llc
8325 Sw 37 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a limited mental health component expansion 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com