STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967313	04/12/2016
NAME OF PROVIDER OR SUPPLIER **SERENE LIVING FACILITIES**	STREET ADDRESS, CITY, STATE, ZIP CODE **8615 SW 43RD TERRACE** **MIAMI, FL 33155**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Serene Living Facilities, Inc. with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview the facility failed to have an updated medical examination by a health care provider as part of the continued residency criteria after a significant change for 1 out of 6 sampled residents (Resident #2).

Findings included:

On at 10:40 am Resident #2 was observed being able to stand up from the wheelchair and to walk 6 steps with the assistance of the two caregivers.

Record review of Resident #2's file revealed that the last health assessment was completed on and at that time resident was independent with eating; required supervision with ambulation, , toileting and transfer and required assistance with bathing and dressing.

On / at 10:55 am Caregiver D stated that Resident #2 had to be fed and also required total assistance with dressing, , bathing and toileting.

Class III

0026 Resident Care - Social & Leisure Activities

Base on observation, record review, and interview the facility failed to encourage residents to participate in social, recreational, educational and others activities to residents. The facility failed to have an updated activities calendar posted.
Finding included:
On observations during the survey from 8:30 AM to 1:30 PM found five residents were seating in the common area watching television. Also observed staff did not offer or encourage residents to do any activities.
Record review on / showed that facility activities calendar posted was for 2014.
During an interview on / at 10:10 AM, Staff C (caregiver) stated we do not offer activities. She stated they watch television. She stated before one person used to come here to do activities with the

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residents but she is not coming any more.
During an interview on / at 10:27 AM , Staff D (caregiver) stated She stated that before a person use to come here to do activities to residents. She stated at this moment that person is not coming to the facility. She stated at this time we watch television.
During an interview on at 10:30 AM, Resident #6 stated staff do not offer activities. She stated we do not do anything here.
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interview the facility failed to have a resident consent for the use of half bed rails for one out of six (#4) sampled residents. The facility failed to have physician order for the use of half bed rail for two out of six (#4 and #5) sampled residents.
Findings included:
Observations on at 8:30 AM during facility tour revealed that Resident #4 and Resident #5 had half bed rail attached to their beds.
Record review on / showed Resident #4 and #5 did not have a physician order for the use of half bed rail. Resident #4's record revealed the informed consent for the use of half bed rail was without signature from Resident or legal guardian.
During an interview on / at 1:10 PM, the facility's Administrator acknowledged the deficiencies. The Administrator stated he had issue in getting Residents #4 and #5's physician order for the half bed rail for both residents. He stated Resident #4's has a legal guardian and this it is very difficult for them to sign documents.
Class III

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 of staff files revealed the facility did not have a manager's record or documentation in writing verifying they have appointed a manager. An Internet search of the Florida heath finder website showed the Administrator supervised two assisted living facilities.
During an interview on at 1:00 PM, the Administrator stated that he did not have a manager's personnel record at the facility. He stated that he will fax documentation to the office in one hour. The document were not received by the agency within a hour.
Class III

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0160 Records - Facility

Based on record review and interview the facility failed to have evidence of an annual satisfactory sanitation inspection.

Findings included:

Record review revealed that the copy of the sanitation inspection posted on the bulletin board in the family dated . The facility failed to have evidence of an annual satisfactory sanitation inspection.

The facility's Administrator stated on at 1:30 pm that the sanitation inspection had been done but that the results were no sent to him by email and that he was going to go personally to to the office to pick it up.

Class III

0162 Records - Resident

Base on record review and interview the facility failed to have a written informed consent signed for facilities that will have unlicensed staff assisting the resident with self-administration of medications for one out of six (#4) samples residents.
Findings included:
Record review on showed that Resident #4 (admitted on /) had written inform consent on record dated / without the resident, legal guardian, or representative person's signature.
During an interview on / at 11:30 AM Staff C and D (caregivers) stated that they assisted Resident #4 with self-administration of medication.
During an interview on / at 1:10 PM, the facility's Administrator acknowledged that Resident #4 has a legal guardian and this it is very difficult for them to sign documents.
Class III

Z814 Background Screening Clearinghouse

Based on observation, interview, and record review the facility failed to maintain an updated employee roster within the background screening clearinghouse.
Findings included:
On the background screening clearinghouse database showed that there was no employees listed on the roster for the facility.
During an interview on / at 1:00 pm, the Administrator acknowledged the employee roster had

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not been completed for the facility.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Serene Living Facilities
8615 Sw 43rd Terrace
Miami, FL 33155

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

XG90

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