| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11912091 | 05/26/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**TAMIAMI LAKES MONTBLANC ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2040 SOUTHWEST 127TH AVENUE MIAMI, FL 33175** | |

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

**0000 Initial Comments**

A Complaint Survey (CCR#2016004443) was conducted on . Tamiami Lakes Montblanc Alf, Corp (license #7896) with Limited Mental Health component had the following deficiencies found at the 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. An Internet search of the Florida heath finder website showed the Administrator supervised two assisted living facilities.
During an interview on at 12:17 PM, Staff B (caregiver/owner) acknowledged the deficiencies found. She stated "I know the deficiencies."
Class III

**0078 Staffing Standards - Staff**

Based on observation, record review, and interview the facility failed to have evidence of negative ( ) examinations documented on an annual basis for three out of three sampled staff (Staff A, B, and C).
Findings included:
Observation on at 11:00 AM showed Staff B was assisting resident with activities of daily living (ADLs).
Record review showed Staff A, Staff B, and Staff C did not have their annually documentation of negative examinations. The last statement on file for Staff A was dated , Staff B (negative) and Staff C / (negative).
During an interview on at 12:17 PM Staff B (caregiver/ owner) stated that Staff C (caregiver) left work yesterday to take her day off. She stated that she was not working today. The facility's owner acknowledge the deficiencies found regarding the tests. She stated "I know the deficiencies."

Class III

**0079 Staffing Standards - Levels**

Based on observation, record review, and interview the facility failed to maintain a written work schedule

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SUMMARY STATEMENT OF DEFICIENCIES
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which reflects its staffing pattern for a given time period.
Findings included:
Observation on at 10:45 AM upon entrance to the facility found Staff B(caregiver/owner) alone at the facility with four residents; two of the four residents need assistance of two staff for transferring.
Record review showed the facility staffing pattern for 2016 had Staff C (caregiver) scheduled from 7:00 AM to 7:00 PM and Staff B (owner/Caregiver) scheduled 7:00 AM to 7:00 PM
During an interview on at 12:17 PM Staff B (caregiver/owner) stated that Staff C(caregiver) left work yesterday to take her day off. She stated that she is not working today.
Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for two out three ( B and C) sampled staffs.
Findings included:
Record review on showed Staff B and Staff C files did not contain documentation that they received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. The last medication training on record for Staff B was on (4 hours) and Staff C on (4 hours).
During an interview on at 12:00 PM, Staff B stated "I assist residents with medication daily." She further stated that Staff C assist residents with medication as well."
Class III

**0152 Physical Plant - Safe Living Environ/Other**

Based on observation and interview the facility failed to provide a safe and clean living environment to facility residents.
Findings included:
Observation on at 11:11 AM during at facility tour showed that in # missing doors. A window did not have curtains, ceilings had peeling paint on the corner. Further observation found the facility's air conditioner vent in common areas, kitchen, and resident ' s with dust and black substances around. The facility residents' door had black scratches. The facility kitchen ceiling with yellow and black spots and flying insects near to the sink.
During an interview on at 11:30 Staff B (caregiver/owner) stated that she had issue with the roof but it was fixed. She did not provided documentation during survey. She acknowledged deficiencies found.
Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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**L243 LMH - Training**

Based on record review and interview the facility failed to ensure that staff had minimum of 3 hours Limited Mental Health (LMH) continuing education training for two out of three (B and C) sampled.
Findings included:
Record review on showed Staff B (hire on / /) and Staff C (hired on / /) did not have the 3 hours of LMH training continue education. The last training for Staff B was on (3 hours) and Staff C on / 8 hours.
During an interview / at 12:17 PM Staff B (caregiver/owner) acknowledged the deficiencies found regarding the LMH training update.
Class III

**Z814 Background Screening Clearinghouse**

Based on record review and interview the facility failed to maintain an updated employee roster within the Background Screening Clearinghouse.
Findings included:
Record review on showed that facility had three staff (A, B and C) listed on the staffing pattern for the month of 2016. The Agency for Health Care Administration Background Screening Clearinghouse database showed six staff on record.
During an interview on at 12:35 pm, Staff B (caregiver/owner) stated we are only three staff I don't know why the other staffs were still on facility record.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tamiami Lakes Montblanc Alf
2040 Southwest 127th Avenue
Miami, FL 33175
**RE: CCR #2016004443**

Dear Administrator:

This letter reports the findings of a Complaint 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
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