STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	06/14/2016
NAME OF PROVIDER OR SUPPLIER **RONA'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **10900 SW 177 TERRACE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on / and concluded on / . Rona's Retirement Home (license #5566) with a Limited Mental Health component had the following deficiencies found at the time of the survey:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint in writing a separate Manager for each the Administrator supervised.

Findings included:

On at 11:30 AM record review revealed the facility had not appointed a separate Manager for this facility. The facility appointed a Manager who was the Administrator at another facility.

On / at 10:30 AM during a phone interview the Administrator was informed that the manager at her facility was the Administrator at another 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:

On at 9:05 AM during the tour was found Staff A was working alone in the facility.

On / at 9:10 AM during the tour observed the staff schedule, Staff A was scheduled to work from 7:00 AM to 7:00 PM and Staff C was also scheduled to work from 7:00 AM to 7:00 PM.

On / at 9:20 PM during an interview with the Administrator, Staff A, she stated that Staff C was her husband and that he was at the gym at the time, Staff C arrived at the facility at 11:23 AM and then he went back out.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review, and interview the facility failed to ensure one out of four (Staff B) sampled staff to received the initial 4/hours training for assistance with self-administration of medication.

Findings included:

On at 11:30 AM record review revealed that Staff B did not have the initial training for assistance with self-administration of medication training. Staff B had 2 hours of medication training dated //.

On / at 1:00 PM the Administrator stated that she was not aware of this training that was missing, and that she was going to try and correct it immediately.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview the facility failed to register one of four sampled employees in the Background Screening's Clearinghouse (Staff C).

Findings included:

On at 11:30 record review showed Staff C was scheduled to work during the month of from 7:00 AM to 7:00 PM.

On / / at 11:35 AM the clearinghouse review showed that the facility did not register this employee, Staff C.

On at 1:10 PM during the exit conference with the Administrator, she stated that she thought that they had registered all the employees of the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Rona's Retirement Home
10900 Sw 177 Terrace
Miami, FL 33157

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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