STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965295	05/18/2016
NAME OF PROVIDER OR SUPPLIER TLC III	STREET ADDRESS, CITY, STATE, ZIP CODE 8395 SW 112 STREET MIAMI, FL 33156	

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

0000 Initial Comments

A Standard survey was conducted on . TLC III, License number 9762, had deficiencies found at the time of the survey.

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed to ensure that residents met the continued residency criteria for one out of four sampled residents (Resident #3).

Findings included:

Observation on at 10:30 AM showed Resident #3 was sitting in the common . The resident was awake and alert.

Review of Resident #3's record on at 11:30 AM showed she was admitted to the facility on . The health assessment dated documented that she required total assistance with the activities of daily living.

On at 1:00 PM observed two caregivers placing their hands underneath the resident's hands and lifted the resident from her recliner. She was unable to assist with her own transfer.

Interview on at 2:00 PM, the facility's Administrator confirmed that sampled Resident #3 was unable to assist with her own transfer; therefore the residents no longer met the criteria for continued residency. The Administrator stated the resident would be discharged from the facility.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to appoint in writing a manager for each facility.

Findings included:

Review of facility finder showed the Administrator supervised three assisted living facility.

Review facility's record showed the facility did not have a Manager appointed.

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Interview conducted on / at 1:45 PM, Administrator stated the facility did not appoint a manager for the facility.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register the employees in the clearinghouse for five out of five (Staff A, B, C, D and E) sampled staff.

Findings included:

Observation on at 10:30 AM showed Staff C and D were in care of the residents and providing personal services to them.

Clearinghouse review showed that the facility did not register any employee.

Interview conducted on / / at 2:00 PM, Staff A, Administrator stated that she did not register any employee in the clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tlc Iii
8395 Sw 112 Street
Miami, FL 33156

Dear Administrator:

This letter reports the findings of a Standard 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com