STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967751	06/07/2016
NAME OF PROVIDER OR SUPPLIER **WATERWAY HOMES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5895 SW 35 STREET** **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 . Waterway Homes ALF Inc, license #11862, had the following deficiencies found at the time of survey:

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have evidence of negative examination documented on an annual basis for the Administrator.

Findings included:

Record review on showed Staff A (Administrator) did not have annually documentation of negative examination on record for review. The last examination was dated .

During an interview on at 8:45 AM, the facility's Administrator stated "I'm going dress because I have to go to the Court House. He stated I have client and I have to be on time." The Administrator left the facility.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that the Administrator had 2 hours of assistance with self-administered medications annually.

Findings include:

Record review found the Administrator's last medication training was dated (4 hours). the facility failed to ensure that the Administrator had 2 hours of assistance with self-administered medications annually.

During an interview on at 8:45 AM, the facility's Administrator stated "I'm going dress because I have to go to the Court House. He stated I have client and I have to be on time." The Administrator left the facility.

Class III

0085 Training - Nutrition & Food Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967751	06/07/2016
NAME OF PROVIDER OR SUPPLIER **WATERWAY HOMES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5895 SW 35 STREET** **MIAMI, FL 33155**	

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

Based on record review and interview, the facility failed to ensure that the Administrator had a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.
Findings included:
Record review on showed that Staff A(administrator)'s personnel file did not have the minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.
During an interview on at 8:45 AM, the facility's Administrator stated "I'm going dress because I have to go to the Court House. He stated I have client and I have to be on time." The Administrator left the facility.
Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have an annual satisfactory health inspection.
Findings included:
Facility record review on showed the last health inspection report was dated . The facility failed to have an annual satisfactory health inspection.
During an interview on at 8:45 AM, the facility's Administrator stated "I'm going dress because I have to go to the Court House. He stated I have client and I have to be on time." The Administrator left the facility.
Class III

Z813 Results of Screening & Notification in File

Based on observation, interview, and record review, the facility failed to maintain documentation of the results of a background screening on site in the facility's personnel file for the Administrator.
Findings included:
Record review on showed the Administrator's personnel record did not have documentation of an eligible background screening found for the Administrator. Record showed receipt dated / from Fingerprint Express Inc.
A review of the Agency for Health Care Administration (AHCA) background screening database revealed, a background screening for the Administrator dated / .
During an interview on at 8:45 AM, the facility's Administrator stated "I'm going dress because I have to go to the Court House. He stated I have client and I have to be on time." The Administrator left the facility.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Waterway Homes Alf Inc
5895 Sw 35 Street
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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