STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912047	R 07/18/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAPRICORN RETIREMENT HOME INC	**13720 NW 1 AVENUE MIAMI, FL 33168**

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 07-18-2016. Capricorn Retirement Home, Inc. (Lic#7892) with Limited Mental Health (LMH) component, had deficiencies identified at the time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to have a qualified Administrator for more than one year.

Findings included:

Record review of the Administrator's file revealed the Administrator was hired on and has failed the current core examination twice.

Record review of the facility Manager has passed the Core examination on (, 2012), but was found to be not eligible to be the Administrator because she did not have an (GED or high school diploma).

On - at 12:47 PM, employee C stated she did not have any idea on the plans of the Administrator or the manager in regards to the documentation each needed to operate the Assisted living facility.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, the facility's Administrator failed to successfully completed the assisted living facility core training test requirement within three month from the date of become facility administrator.
Findings included:
Record review revealed that facility Administrator, hired on / , did not have documentation that he passed the CORE certification examination.
Record review showed that there was a letter dated (,2016) from the facility stating that the Administrator failed the last Core examination. Further record review showed that another Core examination had been scheduled for , 2016.

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NAME OF PROVIDER OR SUPPLIER **CAPRICORN RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 NW 1 AVENUE** **MIAMI, FL 33168**	

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

On - at 12:30 PM, Staff C stated that she did not know if the Administrator would pass the next Core training.
Class III

0085 Training - Nutrition & Food Service

Based on record review and interview facility failed to have two out four sampled employees to have updated training in the areas for Nutrition and Safe Food Handling in their files at the time of the revisit survey.

Findings included:

Record review revealed that the Administrator and the Manager did not have documentation of current training for Nutrition and Safe Food Handling.

Record review revealed no documentation that the Administrator had current training for Nutrition and Safe Food Handling. The most recent training document was dated on -

Record review revealed no documentation that the facility manager had current training for Safe Food Handling. The last record for training was dated

On - at 2:00 PM, Staff C stated that she doesn't look into the files for the Administrator or Manager at anytime, because both are responsible for their trainings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Capricorn Retirement Home Inc
13720 Nw 1 Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on 18, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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