STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	07/23/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH MIAMI RETIREMENT LIVING	**1595 NE 145 STREET NORTH MIAMI, FL 33161**

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

0000 Initial Comments

A Financial Monitoring Survey was conducted at North Miami Retirement Living on , 2016. There was a deficiency found at the time of the survey. (Lic# 5934)

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview facility failed to provide a clean and safe living environment for the living conditions for the Residents at the time of the Monitoring survey on .

Findings included:
Facility tour on at 9:05 AM revealed the following:
Downstairs Resident observed a broken toilet top/ with a long slice in the ceiling area over the shower with a hole and some plaster hanging down from the section/ one shower tile missing/ missing sink only the plumbing pipes were showing on the wall. The toilet top is broken off on the corner.
B observed window panes cracked (top/bottom).
(Front) observed missing light bulbs in ceiling fan with a broken blade.
(Front/ Back) window shower screen.
(Front) observed closets has a damaged lower drawer.
(Back) observed broken lower drawer on dresser
Resident with dirty water on it.
UPSTAIRS :
Air condition unit missing face cover outside unit for #
Resident window screen over the shower stall
(Back) observed metal bed frame lying against the wall outside of the
#10 (Back) observed one small dresser drawer broken.
Resident floor with a dirty black substance on the tiles
Resident on the floor at the bottom of the sink on the floor there were wet towels surrounding the base of the sink
Resident toilet has a broken safety rail on the left side, missing two light bulbs in the socket
(Back) observed broken dresser drawer bottom drawer
Section 6 bottom wall completely busted out .
Downstairs in the facility kitchen under the large sink observed a metal pan with water in it from a leak in the sink In the kitchen observed an open garbage can without a lid on it .
Outside of the facility rear area on the walls there are areas of peeling paint//black substances on the

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SUMMARY STATEMENT OF DEFICIENCIES
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walls/ some of the lower have broken screens / outside of the kitchen area on the ground there is a large area with grease and water with a white residue on it and on the wall black grease.

Interviewed the Administrator on at 11:50 am, she confirmed the findings found on that day of the monitoring survey, she stated that everything shall be corrected as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
North Miami Retirement Living
1595 Ne 145 Street
North Miami, FL 33161

Dear Administrator:

This letter reports the findings of a Financial Monitoring 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

Enclosure
AMD:ve

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