STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	08/03/2016
NAME OF PROVIDER OR SUPPLIER **MACARENA ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8000 SW 88 ST** **MIAMI, FL 33156**	

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

0000 Initial Comments

A monitoring visit was conducted at Macarena Assisted Living Facility (license 12764) at 8000 SW 88 Street, Miami, Florida on . Deficient practice was found at the time of the monitoring visit.

0079 Staffing Standards - Levels

Based on record review, interviews, and observation the facility placed residents at-risk by failing to maintain a written work schedule that reflects its 24 hour staffing pattern.
Findings include:
On during a record review of the work schedule, the work schedule reflected the Administrator, Staff B, C, and D all provided coverage for resident supervision.
On during a continued record review of the work schedule, the work schedule reflected the Administrator and Staff D were scheduled to provide supervision and care of the residents at the time of the monitoring visit.
On at 5:35 PM during a tour of the facility, it was observed the Staff B and D were providing direct care and supervision of the residents.
On / at 6:30 PM in an interview with the Administrator, the administrator stated the work schedule she provided was the correct copy of the work schedule. When asked why it reflected that the Administrator was working 11:00 AM to 7:00 PM but she was not at the facility during this time, the administrator stated those are the hours she is available to the facility. The Administrator stated she doesn't work at one specific location.
On / at 6:30 PM in a continued interview with the Administrator, when asked why Staff B is working when she is listed as off, she stated Staff B and D have asked for time off and, "I just didn't list it on the schedule. "
An additional record review of the work schedule, the work schedule included a shift for Staff D. Staff D is also listed to provide coverage at the same time at another facility run by the Administrator.
Class III

Z827 Unlicensed Activity

Based on observations, interview, and record review, the licensed provider (license 12764) was found to be operating an unlicensed assisted living facility at 11751 SW 172 Street, Miami, Florida by providing 8 of 10 residents (Residents #1, #2, #3, #4, #5, #7, #9 and #10) assistance with the self-administration of medication and 7 of 10 residents (Resident #1, #2, #3, #4, #7, #9 and #10) assistance with activities of daily living including showering, toileting, dressing and .
Findings include:
On during a record review of resident contracts, the resident contracts for Residents #1, #2, #3,

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MACARENA ASSISTED LIVING FACILITY, INC	**8000 SW 88 ST MIAMI, FL 33156**

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#4, #5, #6, #7, #8, #9 and #10 stated the residents are to make monthly rent payments to the licensed provider (license # 12534).
On / during a record review of the FloridaHealthFinder.gov web site, the web site documented the operator of the unlicensed location is the Administrator of the licensed provider (license 12764).
On / at 1:32 PM in an interview with the Administrator, the Administrator provided documentation, from a Florida Driver's license that she does not live at the unlicensed location.
On / at 2:01 PM in an interview with Staff F, Staff F stated she works at the unlicensed location at 11751 SW 172 Street, Miami, Florida. Staff F stated she is paid to work at that location by the operator.
On / at 1:14 PM in an interview with Resident #1, Resident #1 stated he uses a wheel chair and staff help him get in and out of it. Resident #1 stated staff provide him assistance with the self-administration of medication.
On / at 1:24 PM in an interview with Resident #2, Resident #2 stated staff provide him assistance with the self-administration of medication. Resident #2 stated staff help him take a shower and use the toilet.
On / at 2:11 PM in an interview with Resident #10, Resident #10 stated staff help him with his shower and changing clothes to make sure he is safe. Resident #10 stated the staff told him to tell the Agency he took his own medication but Resident #10 stated it is not true. Resident #10 stated staff provide assistance with the self-administration of medication.
On / at 2:16 PM in an interview with Resident #7, Resident #7 stated the staff provide him with assistance with the self-administration of medication. Resident #7 stated staff help him with laundry and meals.
On / at 2:21 PM in an interview with Resident #3, Resident #3 stated the staff provide him assistance with the self-administration of medication. Resident #3 stated staff give him assistance with showering and using the toilet.
On at 2:26 PM it was observed while touring the facility, the resident Resident #9 contained a hospital bed, and disposable adult diapers. Resident #9 was observed at the dining getting help from staff with a drink.
On / at 2:33 PM in an interview with Resident #5, Resident #5 stated staff provide assistance with the self-administration of medication for both him and Resident #4. Resident #5 stated Resident #4 is a victim and requires assistance with showering, ambulating and toileting along with assistance for the self-administration of medication.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Macarena Assisted Living Facility, Inc
8000 Sw 88 St
Miami, FL 33156

Dear Administrator:

This letter reports the findings of a Monitoirng licensure survey that was conducted on 3, 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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