STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966372	08/09/2016
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **14833 SW 24 STREET** **MIAMI, FL 33185**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016008043) was conducted on . Miramar Senior Living had the following deficiencies identified at the time of the visit:

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the Administrator received in 12 hours of continuing education related to assisted living facilities in the last two years.

Findings as follow:

Record review showed the Administrator's last 12 hours continuing education training was dated .

On at 1:00 p.m. the facility's Owner acknowledged the facility failed to have the administrator trained in 12 hours continuing education.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have a safe living environment, free of hazards, by having in use, furniture in bad repair.

Findings as follow:

On at 10:15 a.m. the agency staff sat in a chair placed in the dining table and because the chair's leg was loose.

Facility Staff stated on at 10:15 AM the chair was broken. Then, Staff removed the chair and placed it against a wall.

Class III

0160 Records - Facility

Based on record review and interview, the facility failed to have a grievance procedure and log for

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receiving and responding to resident's complaints and recommendations. The facility also failed to have an up-to-date fire and sanitation inspections available for review.

Findings as follow:

Record review showed the facility had no a grievance procedure and a log to receive and respond to residents complaints and recommendations.
Record review showed the last sanitation inspection available for review was dated and the last Fire inspection available for review was dated .

On at 1:00 p.m. the facility owner acknowledged the facility had no a Grievance procedure and log for residents complaints and stated the inspections were up-to date but was unable to provide proof of it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Miramar Senior Living
14833 Sw 24 Street
Miami, FL 33185
RE: CCR #2016008043

Dear Administrator:

This letter reports the findings of a Complaint 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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