STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966644	**08/05/2016**
NAME OF PROVIDER OR SUPPLIER **MIAMI LAKES ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7849 N W 200 TERRACE MIAMI, FL 33015**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2016 and concluded on , 2016. Miami Lakes Assisted Living Facility Inc (Lic # 10808) had the following deficiencies at time of the survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have updated health assessment (AHCA1823 Form) for 1 of 7 (Resident #1) sampled residents after significant changes in activities of daily living (ADLs).

Findings included:

Observation on / / from 9:15 am to 2:30 pm revealed that Resident #1 was bed bound. Resident #1 ate her lunch on her bed, and she was eating by herself.

Record review on / / Resident #1's assessment reflected that Resident #1 was wheelchair bound and wheelchair rider. Resident #1 1823 Form stated that she needed total assistance on ambulation, bathing, dressing and transferring. Resident #1's 1823 Form stated that she needed assistance eating, and toileting, and there was no indication that Resident #1 was under hospice care.

Record review on / / of Resident #1's hospice record revealed she was bed bound and totally depend on care for ADLs.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review the facility failed to provide and/or offer recreational activity for two of six (Residents # 1 and 2) sampled residents.

Findings included:

Observation on / / from 9:15 am to 2:30 pm revealed that Residents (#s 1 and 2) were bed bound.

Record review on / / the facility's activities schedule reflected daily activities from 2:00 - 4:00 pm.

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Interview on at 5:49 pm a family member stated, " Yes, my mother is under hospice care, I have no problem with that. However, since she start hospice, they have not taken her out of the bed and/or do activities to her." Also, Family member stated, " She watches the TV in her . However, there is nothing more to do in that facility; I have never seen them doing activities, and they do not take my mom out from the bed anymore. She is not doing activities."

Class III

0031 Resident Care - Third Party Services

Based on observation, record review, and interview the facility failed to have documented third party services for 2 of 7 (Residents #1 and #2).

Findings included:

Observation on / / at 9:30 am revealed that there was medication in the refrigerator (locked) belonged to Resident #1.

Record review on / / Resident #1's last Daily Sugar / log was dated on / . The facility did not have any other updated information from the home health.

Record review on / / revealed that Residents (1 and 2) record showed that they were under hospice care. Resident #1's most recent Plan of Care was dated from / - / . Record review on / Resident #2's most recent Plan of Care was dated from / - . The facility did not have any other updated information from hospice.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on / at 9:15 am revealed the rear right side of the backyard was overloaded with tiles and construction debris. Also, there was an broken coach/recliner with mold on it at the backyard area (next to the door).

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Interview on / / at 1:00 pm revealed Administrator stated, "I will organize the patio."

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to maintain the most current Level II background screening paperwork for 1 of 6 (F) sampled staff members. Facility failed to have an Attestation reference in facility's staff files.

Findings included:

Record review on / showed Staff F's background screening on file was dated / / as eligible. An Internet search showed a more recent eligible background screening result on /.

Record review on / revealed staff have their backgrounds screening in file, but the attestation from each staff were missing.

Interview on / at 2:00 pm Staff A verified finding after review of the staff files and stated she will obtain an update one. Staff A stated, " I did not know that I have to keep the Attestation with the staff's background screenings.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Miami Lakes Assisted Living Facility Inc
7849 N W 200 Terrace
Miami, FL 33015

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was concluded on [redacted], 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 [redacted], 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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