STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	08/16/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEIGHTS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11720 SW 181 TERRACE** **MIAMI, FL 33177**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on / / . South Miami Heights ALF with a Limited Mental Health Component license #10904 had the following deficiencies found at the time of the survey:

0081 Training - Staff In-Service

Based on observation, record review and interview the facility did not ensure that two out of three sampled employees (Staff B and C) received control, ADLs, Elopement, Emergency Preparedness and Evacuation, Incident Report,, Resident Rights, Recognizing/Reporting , Neglect & .

Findings included:

On / at 10:30 AM record review revealed Staff B, (hire date /) and Staff C(hire date) were supposed to be in care of the residents. The facility failed to have control, ADL's, Elopement, Emergency Preparedness and Evacuation, Incident Report,, Resident Rights, Recognizing/Reporting , Neglect & for Staff B and C.

On / at 11:00 AM the Administrator stated that all these training had been given to the employees but she took them home and she forgot them.

Class III

0090 Training -

Based on observations, record review, and interview the facility failed ensure direct care staff (A, B, and C) received at least one hour of training in the facility's policy and procedures regarding ( ) training within 30 days after employment.

Findings included:

On at 10:30 AM record review revealed Staff A, B and C did not have training.

On at 11:00 AM the Administrator stated that all these training had been given to the employees but she took them home and she forgot them.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	08/16/2016
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEIGHTS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11720 SW 181 TERRACE** **MIAMI, FL 33177**	

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

0160 Records - Facility

Based on observations, record review, and interview the facility failed to have a current health inspection.

Findings included:

On at 7:25 AM during the tour found the health inspection was dated / and expired on . . . . . The facility failed to have a current health inspection.

On at 12:30 PM during the exit conference with administrator the deficiency was explained to her. She stated that they were going to fix them as soon as possible.

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one out of three sampled employee (Staff A) received the 6/hours initial training for Limited Mental Health (LMH) training.

Findings included:

On at 10:30 AM record found Staff A. (hire date) revealed that she had not taken the initial 6/hours LMH training.

On / / at 11:00 AM on an interview with administrator, she stated that she had taken already that training but she did not know were she put it.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview the facility failed to register employees in the Background Screening's Clearinghouse.

Findings included:

On at 11:13 AM the clearinghouse review showed that the facility did not register the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	**08/16/2016**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEIGHTS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11720 SW 181 TERRACE MIAMI, FL 33177**	

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

employees.

On at 1:00 PM during an interview with the Administrator, she stated that she was going to take care of this as soon as possible and register all the employees of the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
South Miami Heights Alf
11720 Sw 181 Terrace
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com