STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968667	08/22/2016
NAME OF PROVIDER OR SUPPLIER **M TRIANAS ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9024 SW 21 TERRACE** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on . M Trianas ALF, Corp, license number 12578, had deficiencies found at the time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow appropriate procedure when assisting one out of six (Resident #6) with self- administration medication.

Findings include:

Observation on at 8:50 AM showed that Resident #6 was in the dining eating breakfast.

Interview conducted on at 8:55 AM, Staff C stated "I am going to show you how I assist the residents with medications. Resident #6 took some medications already. I put the rest of her medications in the napkin because she takes them after her bath. I initialed the Medication Observation Record because she will receive all her medications after her bath."

Review of Resident #6's Medication Observation Record (MOR) for the month of on / at 8:55 AM revealed it was initialed for all the morning medications.

Resident #6 requested her medications at 8:57 AM. Staff C brought a napkin with 8 pills in it. She placed the napkin with the pills in it on the table and prompted the resident to take the tablets.

Class III

0077 Staffing Standards - Administrators

Based on observation, record review and interview, the facility failed to be under the supervision of an administrator.

Findings include:

Observation on / at 8:30 AM showed that there were six residents at the facility. Staff B and C were in care of the residents.

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Attempted to contact the Administrator on / at 11:15 AM. No one answered the phone.

Interview conducted on at 1:10 PM, facility's owner stated "The Administrator is out of the country. She will return in ten days. I am the administrator relief but I do not have the documentation."

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that dining were available for residents during meals.

Findings include:

Facility visit on at 8:00 AM showed that there six residents at the facility.

During the facility tour was observed that the dining only one chair.

Interview conducted on at 1:30 PM, the facility owner stated "We are repairing the dining "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. , 2016

Administrator
M Trianas Alf, Corp
9024 Sw 21 Terrace
Miami, FL 33165

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

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