STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922180	08/26/2016
NAME OF PROVIDER OR SUPPLIER **LA MILAGROSA II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1820 SW 14 AVENUE** **MIAMI, FL 33145**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on . La Milagrosa II, license number 7937, had deficiencies found at the time of the survey:

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to have a completed health assessment for one out of two (Resident #1) sampled residents.

Findings include:

Record review found that Resident #1's health assessment dated did not indicated what type of assistance was required with medications and if an assisted living facility could meet the resident's needs.

Interviewed at 11:45 AM, Staff B stated that the facility assists Resident #1 with his medications. He stated that he would have the doctor fix the health assessment.

Class III

0081 Training - Staff In-Service

Based on observation, record review and interview, the facility did not ensure that one out of two sampled employees (Staff B) had received in-service training within 30 days of employment.

Findings include:

Facility visit on at 9:00 AM revealed that Staff B was in care of the residents.

Record review conducted on at 10:40 AM showed that there was no documentation that Staff B received 1 hour of in-service training within 30 days of employment that covered reporting major incidents and reporting adverse incidents. There was also no documentation of 1 hour of in-service training within 30 days of employment that covered resident rights in an assisted living facility. Staff B was hired on .

Interviewed on at 11:20 AM, Staff B stated "I received all the in-services trainings but the documents were not in the facility at this time."

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

Z813 Results of Screening & Notification in File

Based on interview and record review, the facility failed to ensure that one of two sampled staff (Staff A, Administrator) had documentation of the required eligible Level 2 background screening results.

Findings included:

A review of Staff A's personnel record showed it did not contain documentation of eligible level 2 background screening results.

A review of the Agency for Health Care Administration's background screening database on showed that Staff A had an eligible status dated .

Interviewed on at 11:30 AM, Staff B confirmed that the background screening results were not at the facility.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on observation, record review and interview, the facility failed to register the employees in the Background Screening Clearinghouse roster for two out of two (Staff A, and B) sampled staff.

Findings Include:

On at 9:00 AM, observed that Staff A and B were caring for the residents and providing personal services to them.

A review of the staff schedule showed that Staff A and B were scheduled to work at the facility.

A review of the Background Screening Clearinghouse facility roster showed that the facility did not register any employee.

Interviewed on at 11:55 AM, Staff B stated that they did not register any employee in the Background Screening Clearinghouse.

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

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Milagrosa Ii
1820 Sw 14 Avenue
Miami, FL 33145

Dear Administrator:

This letter reports the findings of an abbreviated, biennial state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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