RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
North Miami Retirement Living
1595 Ne 145 Street
North Miami, FL 33161

Dear Administrator:

This letter reports the findings of a Financial Monitoirng revisit survey conducted on 14, 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH MIAMI RETIREMENT LIVING	1595 NE 145 STREET NORTH MIAMI, FL 33161

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

0000 Initial Comments

A Financial Monitoring survey was conducted on . North Miami Retirement Living with Limited Mental Health service component, Licence number 5934, had a deficiency at the time of the survey.

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a clean and safe living environment for the residents.

Findings included:
Facility tour on / at 10:10 AM revealed the following:
Downstairs resident of the kitchen was locked. The in disrepair.
B observed window panes cracked (top/bottom).
(Front) observed closets has a damaged lower drawer. running water from the toilet and shower.
Upstairs :
-Air condition unit missing face cover outside the unit. Resident window screen.
(Back) observed metal bed frame lying against the wall outside of the
#10 (Back) observed one small dresser door broken.
#.-Resident on the floor at the bottom of the sink there were towels surrounding the base of the sink.
(Back) observed one small dresser missed one drawer.
was clogged. There was a table around the window outside the .
Downstairs in the facility kitchen was observed an open garbage can without a lid on it.
Interviewed conducted on at 1:00 PM, the Administrator stated "We have a maintenance staff. We are going to correct everything."

Class III
Uncorrected deficiency.