AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966985	10/25/2016
NAME OF PROVIDER OR SUPPLIER **MIAMI GARDENS MANOR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **915 NW 175 STREET** **MIAMI, FL 33169**	

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

0000 Initial Comments

A Complaint Survey (CCR #2016009227) was conducted from to . Miami Gardens Manor Inc, license number 11092, had the following deficiencies found at time of survey:

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have evidence of a negative examination documented on an annual basis for one out of four staff (Staff B).

Findings include:

Staff record review conducted on at 10:00 AM showed that Staff B did not have evidence of a negative examination documented annually. The last statement on file was dated / .

Interview conducted on at 2:00 PM, the Administrator stated Staff B did not have documentation of freedom from in her file.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for three out of three staff (Staff A, B and C).

Findings include:

Record review for Staff A, B and C found no documentation that staff received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. The last training were dated / .

Interview conducted on / at 2:00 PM, the Administrator stated that they received the in-service training but she was unable to provide it during the survey.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

....., 2016

Administrator
Miami Gardens Manor, Inc
915 Nw 175 Street
Miami, FL 33169
RE: CCR #2016009227

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 25, 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

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