STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910968	10/27/2016
NAME OF PROVIDER OR SUPPLIER **NORTH MIAMI RETIREMENT LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1595 NE 145 STREET** **NORTH MIAMI, FL 33161**	

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

0000 Initial Comments

A Complaint Survey (CCR#2016011363) was conducted on , 2016 and concluded on 27, 2016. North Miami Retirement Living (AL#5934) with Limited Mental Health component had a deficiency identified at the time of the survey.

L243 LMH - Training

Based on record review and interview the facility failed to ensure that an employees that are in direct contact with mental health residents receive within 6 months after being hired a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses for one out of eight sampled employees (Staff D). Also the facility failed to ensure that staff receive a minimum of 3 hours of continuing education every 2 years for one out of eight sampled employees (Staff E)

Findings included:

Personnel record review of Staff D revealed that she was hired to work on and that there was a 3 hours training provided by the facility in working with individuals with mental health diagnoses done on . A 6 hours training was missing from her record.

Personnel record review of Staff E revealed that he was hired to work on / and that there was a hours training done on . A 3 hours training provided by the facility was done in .

The facility's Administrator stated on / at 11:25 am that she will make appointment for the twp staff to take the required training.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
North Miami Retirement Living
1595 Ne 145 Street
North Miami, FL 33161
RE: CCR #2016011363

Dear Administrator:

This letter reports the findings of a Complaint licensure survey that was conducted on 27, 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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