RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

_ _ _ _ _ _ _ _ _, 2016

Administrator
Flamingo Care Llc
1270 Ne 174 Street
North Miami Beach, FL 33162

Dear Administrator:

This letter reports the findings of a standard 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 _____, 2017.** 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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Miami, FL 33166
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967457	11/29/2016
NAME OF PROVIDER OR SUPPLIER **FLAMINGO CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1270 NE 174 STREET** **NORTH MIAMI BEACH, FL 33162**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 29, 2016. Flamingo Care Llc. (License # 11525) with Limited Nursing Services component had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to provide an accurate health assessment (AHCA form 1823) for one out of 4 sampled residents (Resident # 3).

Findings included:

Record review of Resident # 3 revealed that in her health assessment the diet section had been left blank; also the health assessment stated that Resident # 3 required medication administration, but the resident was independent with her activities of daily living.

During the exit conference on / / at 3:50 pm the facility administrator stated that she will get a new health assessment done for Resident # 3.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to provide evidence to proof that the administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years.

Findings included:

Personnel record review of the administrator revealed that there were no 12 hours of continuing education in topics related to assisted living in the last 2 years.

On / / at 3:35 pm the facility administrator stated that she did her 12 hours through an assisted living organization, and that she must have the certificate at home.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to have staff member who has completed

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courses in First Aid and and holds a currently valid card documenting completion of such courses offered by an accredited provider at the facility at all times.

Findings included:

On / at 8:25 am arrived to the facility and was received by Staff B who was alone with the residents; he stated that there was another caregiver coming but that she had had car trouble and had to take the bus and she would be late.

Personnel record review of Staff B revealed that he took an online /First Aid class on . There was no documentation that an in-person class had been completed.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility administrator failed to provide documentation of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility annually.

Findings included:

Personnel record review revealed that there was no documentation that the facility Administrator participated a 2 hours annually of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The Administrator stated on / at 3:35 pm that she takes all her trainings through an assisted living organization and that she must have the certificate in her house.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview the facility failed to have the menu prepared at least one week in advance and also failed to provide a copy of the license of the dietitian that prepared the menu.

Findings included:

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During tour of the facility of / / at 8:45 am observed that the menu was posted in a frame in the dining room.

Review of the menu revealed that it was not dated; it just said the days of the week (Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday). Review of the original menu revealed that the date at the end was . Also there was no copy of the dietitian license at the facility.

On / at 2:10 pm the administrator stated that she spoke to the dietitian on the phone and that the dietician was out of town and would send the copy of her license when she'd returned. The Administrator also stated that the dietician would start to write the date on the menu.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to provide documentation of an up-to-date fire inspection report.

Findings included:

Record review revealed that the fire inspection that was posted in the living on the last day of , 2016.

On / / at 2:30 pm the Administrator stated that she called the fire inspector and they said that their inspection is due this month.

Class III

L240 - LMH - Licensing - 429.075

Based on record review and interview the facility that serves one or more mental health residents, and failed to obtain a limited mental health license.

Findings included:

A review of Resident # 3's record revealed that the resident has a , diagnosis and that she is receiving Optional State Supplement funds ( ).

On / at 12:10 pm the Administrator stated on the phone that Resident # 3 was receiving

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On 11/29/16 at 2:50 pm the Administrator stated that she thought that the Limited Nursing Services component also covered limited mental health residents.

Class III