RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Miramar Senior Living V
5722 Sw 165 Court
Miami, FL 33185
RE: CCR #2016011113

Dear Administrator:

This letter reports the findings of a Complaint 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967002	12/13/2016
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING V**	STREET ADDRESS, CITY, STATE, ZIP CODE **5722 SW 165 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A complaint (CCR #2016011113) survey was conducted on 13, 2016. Miramar Senior Living V with standard licence and license number 11121 had the following deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to maintain an updated written record for one (#3) out eight sampled residents.

Findings included:

Observation on / at 6:01 AM found Resident #3 coming out of the to the kitchen, the resident had a scar over the laceration on right side of forehead.

In an interview on / / at 6:02 AM Resident #3 revealed the he slipped but he did not go to the doctor because it was just a bump.

Review of Resident #3's record revealed that admission date was and none of the progress notes in record at the time of the survey reflected any .

In an interview on / / at 6:59 AM the Caregiver A revealed that he stated "he while sleeping "but she was not at the facility; she was not working in the facility at that time yet.

In an interview on / at 9:03 AM via telephone Caregiver D revealed that Resident #3 from bed; in further interview the Caregiver D stated "I don't know if it was documented."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on / / at 5:47 AM revealed that Caregiver A was the only staff in the facility at the time of the survey taking care of six residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967002	12/13/2016
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING V**	STREET ADDRESS, CITY, STATE, ZIP CODE **5722 SW 165 COURT** **MIAMI, FL 33185**	

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

Review of facility's record on 12/13/16 at 5:57 AM revealed that staff schedule posted in bulletin board showed on Tuesday that Caregiver A scheduled from 6 AM to 6 PM, Caregiver B from 6 AM to 6 PM, Caregiver C from 6 PM to 6 AM and Caregiver D on call.

In an interview on / / at 5:57 AM the Caregiver A confirmed that she was the only staff person in the facility at the time of the survey taking care of six residents.

In an interview on / / at 9:01 AM via telephone the Caregiver E revealed that Caregivers B and C worked night shift and Caregiver E will start at 10 AM.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that caregivers who assisted residents with self-administration of medication obtained a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Observation on / at 8:17 AM revealed that Caregiver A assisted Resident #7 with self-medication administration.

Review of Caregiver A's record revealed that training of assistance with self-administered medication completed 4 hours on .

In an interview on / / at 8:43 AM the Caregiver A revealed that she has to renew the medication training.

Class III

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation and interview, the Assisted Living Facility failed to ensure that caregivers did not sleep in common areas.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967002	12/13/2016
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING V**	STREET ADDRESS, CITY, STATE, ZIP CODE **5722 SW 165 COURT** **MIAMI, FL 33185**	

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

In an interview on / / at 5:49 AM the Caregiver A stated " let me put my bed up."

Observation on 12/13/16 at 5:50 AM revealed that Caregiver A moved mattress from dining room to a room behind the kitchen (storage room).

In an interview on 12/13/16 at 6:20 AM the Caregiver A stated "this mattress is mine because I sleep in the sofa (referring to love seat in the dining) and put it on and make it a little bed."

Class III

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

Based on record review and interview, the Assisted Living Facility failed to have a up-to-date admission and discharge log.

Findings included:

Review of admission and discharged log revealed that Resident #1's admission date was / . Resident #3's admission date was . Resident #4's admission date was / . Resident #6's admission date was / and none discharge date. Resident #7's admission date was / .

Review of Resident #1's demographic sheet in record revealed that admission date /
Review of Resident #3's demographic sheet in record revealed that admission date
Review of Resident #4's demographic sheet in record revealed that admission date
Review of Resident #7's demographic sheet in record revealed that admission date

In an interview on / at 6:43 AM the Caregiver A stated that there was no resident in the facility at the time of survey named for Resident #6.

In an interview on / / at 9:07 AM via telephone the Caregiver E revealed that Resident #6 expired the previous year.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967002	**12/13/2016**
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING V**	STREET ADDRESS, CITY, STATE, ZIP CODE **5722 SW 165 COURT** **MIAMI, FL 33185**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the Assisted Living Facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.

Findings included:

Observation on at 5:47 AM revealed that Caregiver A was the only staff in the facility at the time of the survey taking care of six residents.

Review of Caregiver A's personnel record revealed her hire date was .

Review of background screening for providers revealed that facility's employee roster did not include Caregiver A.

In an interview on at 7:01 AM the Caregiver A revealed that she used to cover days off but she has been already working full for two months.

Unclassified