STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966825	12/30/2016
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING III**	STREET ADDRESS, CITY, STATE, ZIP CODE **15242 SW 16TH TERRACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . Miramar Senior Living III, license #10972 had the following deficiencies at time of the survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility's staff failed to follow the procedures during assistance with self-administration of medication.
Findings included:
Observation on at 1:10 p.m., Staff C (caregiver) assisted Resident #6 with self-administration of medication in # . Staff C punched bingo (Sod 500 and 1 mg) pill on to her hands and gave pills to resident. Staff did not read medication name to resident.
During an interview on at 1:13 p.m. Staff C (caregiver) stated "I know the pills by color." She acknowledged that she did not read medication name to Resident #6.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 of 5 (C) sampled staff. The facility also failed to have evidence of a negative examination documented on an annual basis for 1 of 5 (D) sampled staff.
Findings included:
Record review of Staff C's file showed staff did not have evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of employment. Staff C was hired on / . Personnel record review for Staff D showed that last examination on file was dated / . Staff D did not have have evidence of a negative examination documented on an annual basis.
During an interview on / at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review, and interview, the facility did not ensure that 1 of 5 sampled employees (Staff C) had received training in control, ADLs and behavioral needs, Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , Nutritional & Safe Food Handling prior to providing any personal/direct care to residents.

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Findings included:
Observation on at 10:45 a.m. revealed Staff C (caregiver) went to the kitchen to helped Staff B (caregiver) prepare lunch for the residents.
Record review found that Staff D did not receive training in control, ADLs and behavioral needs, Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , Nutritional & Safe Food Handling prior to providing any personal/direct care to residents.
During an interview on at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey.
Class III

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

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member who is trained in and First Aid is in the facility at all times when the residents are in the facility.
Findings included:
Observation on at 8:55 AM showed Staff B was alone in care of five residents and providing personal services to them.
Review Staff B's file records showed that she did not her personnel file for review at the time of survey.
During an interview on at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey.
Class III

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

Based on observation, record review and interview, the facility failed to ensure 1 of 5 (Staff D) sampled employees had a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.
Findings included:
Record review showed that Staff D did not have the proper training pertinent to nutrition and food services. Further record review showed that Staff D's last training was dated
During an interview on at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey
Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4) FAC

Based on record review and interview, the facility failed to provide proof of liability insurance.

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Findings included:
On / at 12:20 p.m. the facility could not provide proof of liability insurance.
During an interview on at 12:26 p.m. Staff D acknowledged that liability insurance were not posted. He did not provide any documentation.
Class III

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

Based on record review and interview, the facility failed to provide an annual satisfactory health inspection.
Findings included:
On / at 12:20 p.m. record review revealed the health inspection report was dated . . . / . .
There facility did not have an annual health inspection report to review at the time of survey.
During an interview on at 12:26 p.m. Staff D acknowledged that health department inspection was expired.
Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 of 5 (Staff B and C) sampled employees had completed applications with references.
Findings included:
Observation on at 10:45 a.m. Staff C (caregiver) went to the kitchen to help Staff B (caregiver) prepare lunch for the residents.
Record review found that Staff B and C, did not have a completed applications with references in their personnel record for review.
During an interview at 9:58 a.m. Staff B (caregiver) stated "I do not have personnel file, I do not have my background screening. I'm working here since yesterday."
During an interview on at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey
Class III

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based record review and interview, the facility failed to maintain documentation of the results of a background screening on site for 1 of 5 (Staff D)sampled staffs.
Findings included:
Record review of personnel records found there was no documentation of an eligible background screening for Staff D. The last Background screening in record was dated / /.
A review of the background screening database revealed an eligible background screening for Staff D dated / .
During an interview on / at 10:07 a.m. Staff D stated, "I do have the background screening but no here."
Unclassified

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

Based on record review and interview, the facility failed to maintain the employee roster within Background Screening's Clearinghouse.
Findings included:
Reviewed the Background Screening's Clearinghouse database and there was no employee roster was found for the facility.
During an interview on / at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged deficiencies found during survey. He acknowledged the employee roster had not been completed for the facility.
Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, record review, and interview, the facility failed to have an eligible level II background screening for 2 of 5 (Staff B and C) sampled staff prior to providing care and services to a census of five (5) residents.
Findings included:
Observation on at 8:55 AM showed Staff B was alone in care of five residents and providing personal services to them.
Observation on at 10:45 a.m. Staff C (caregiver) arrived at the facility and went to the kitchen to help Staff B (caregiver) prepare lunch for the residents.
Record review showed Staff B did not have personnel record at the facility. Further review found Staff C's record did not have an eligible level II background screening.
The background screening website showed that Staff B and C's names and date of birth were not in the system.

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During an interview at 9:58 a.m. Staff B (caregiver) stated, "I do not have personnel file, I do not have my background screening. I ' m working here since yesterday."
During an interview on / at 10:40 a.m. Staff C (caregiver) identified herself and show her social security card which stated, "not valid for employment." Staff C stated, "I'm 24 staff here."
During an interview on / at 12:20 p.m. Staff D (caregiver) stated I will make the correction for the next time. He acknowledged the deficiencies found during survey
Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Miramar Senior Living Iii
15242 Sw 16th Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial 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

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