STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966897	**12/30/2016**
NAME OF PROVIDER OR SUPPLIER **MIRAMAR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **14934 SW 32 TERRACE MIAMI, FL 33185**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017000080) was conducted at Miramar Senior Living on . There were deficiencies found at the time of the survey. (Lic# 11034)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have one out of five sampled residents' (#4) completed health assessment.

Findings included:

Record review revealed on at 2:00 PM that Resident #4 did not have a completed health assessment (1823) in her chart at the time of the survey. Resident (4) was admitted on . There are sections of the 1823 were left blank: activities of daily living, diagnoses and medical history, known , diet, and the section for the medical examination.

Interviewed an Administrator from another location on - at 3:30 PM in regards to Resident 4's health assessment being incomplete. She responded that she did not know and would inform the facility Administrator of the deficiency.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview facility failed to initial the medication observation records (MORs) when the medications are taken by the residents.

Findings included:

Record review revealed that the facility's MORs had been marked before the actual times the medications were scheduled to be given to the residents. All of the residents medication that were initialed before the 8 PM scheduled timeframe.

Interviewed an Administrator from another location on - at 4:00 PM, she reviewed the MORs and acknowledged the MORs were initialed before the scheduled timeframe of (8 PM).

Class III

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0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview the facility failed ensure the Administrator was responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents. The facility also failed to appoint a separate Manager for each facility the Administrator supervises.

Findings included:

Arrived to the facility on at 12:37 PM found Employee D alone in the facility caring for five residents.

Record review found Employee D did not have a personnel records which included an eligible background screening and training. Record review found the facility failed to ensure that all employees caring for residents were qualified staff members.

On - at 3:15 PM an Administrator from another location arrived to the facility and had Employee D leave the facility. She stated that the Employee D was not an actual employee of the ALF and was just a substitute until the original staff member arrive to the facility to take over the shift.

Observations during the surveyor on - - at 12:37 PM to 4:00 PM found the Administrator was not present at arrival or during the exit.

Record review showed the Administrator of the facility supervised two assisted living facilities. Record review found the facility failed to appoint a separate manager for each location.

Class III

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

Based on record review and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings included:

Arrived to the facility on at 12:37 PM found Employee D alone in the facility caring for five residents.

Record review revealed that the individual working at the facility on was not on the facility

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employee monthly schedule to work at the facility.

On - at 3:15 PM an Administrator from another location arrived to the facility and had Employee D leave the facility. She stated that the Employee D was not an actual employee of the ALF and was just a substitute until the original staff member arrive to the facility to take over the shift.

Class III

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

Based on observation and record review the facility failed ensure the Administrator received 12 hours of continuing education related to assisted living facility every two years.

Findings included:

Observations during the surveyor on - - from 12:37 PM to 4:00 PM found the Administrator was not present at arrival or during the exit.

Record review showed the Administrator of the facility did not have 12 hours of continuing education.

Class III

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

Based on record review and interview the facility failed to have an employee with First Aid and training in the facility at all times with the residents.

Findings included:

Arrived to the facility on - at 12:37 PM found Employee D alone in the facility caring for five residents.

Record review found Employee D did not have a personnel records which included First Aid and training.

Interviewed an Administrator from another location regarding Employee D working in the facility without and First Aid. The Administrator acknowledged the findings and stated that she was there to take the place of the caretaker.

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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 have an employee record for one out of four (Employee D) sampled employees. The facility also failed to have a completed application with references for one out of four (Employee C) sampled employees.

Findings included:

Arrived to the facility on - at 12:37 PM found Employee D alone in the facility caring for five residents.

Record review found Employee D did not have a personnel records which included an employment application with references and training. Record review found the facility failed to ensure that all employees caring for residents were qualified staff members.

Record review revealed Employee C did not an employment application with references.

On - at 3:15 PM an Administrator from another location arrived to the facility and had Employee D leave the facility. She stated that the Employee D was not an actual employee of the ALF and was just a substitute until the original staff member arrive to the facility to take over the shift.

Class III

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

Based on record review and interview the facility failed to have two out of four sampled employees' (A/B) eligible Level II background screening on file.

Findings included:

Record review revealed Employees A/B's Level II background screenings were not the current results. Employee A's last background screening was dated and Employee B's last background screening was dated - .

Interviewed the Administrator from another location on - at 4:00 PM, she confirmed stated that both employees need to have updated records.

Unclassified

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

Based on record review and interview the facility failed to have employees registered with the background screening's clearinghouse.

Findings included:

Record review revealed the facility's employee roster did not have any employees listed.

Interviewed the Administrator from another location on at 4:00 PM, she confirmed stated that employees needed to have updated records.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Miramar Senior Living
14934 Sw 32 Terrace
Miami, FL 33185
RE: CCR #2017000080

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

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