STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963994	01/12/2017
NAME OF PROVIDER OR SUPPLIER **BIRD LAKES FACILITY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14279 SW 52 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Standard Survey was conducted at on 01-12-2017 at Bird Lakes Facility Care Inc. Assisted Living Facility had the following deficiencies found at the time of survey: (Lic# 8884)

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

Based on record review and interview, the facility failed to provide documentation of an updated health assessment (AHCA Form 1823) for one of four sampled residents (#2).

Findings included:

Record review revealed that Resident #2, was admitted on 01-042010. The resident was diagnosed with OA/ / and .
On page (2) of the assessment, in the section for Activities of Daily Living (ADL), Ambulation/Bathing/Dressing/ Eating/ Self Care ( )/Toileti /Transferri were marked (Assisted). Section B- special diet- was blank. Section C under status, # 2 was marked Bedridden. The last date of the examination was .

Interviewed on - at 11:00 Am, the Administrator stated that resident (#2) did not ever leave her bed and was actually bedridden. The Administrator further stated that a new (1823) is needed. and that the doctor would be informed.

Class III

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

Based on record review and interview, the facility failed to have a qualified Administrator.

Findings included:

Record review revealed that the current Administrator started on - . Further review showed that there was no documentation that The Administrator had successfully passed the competency certification examination (CORE).

Interviewed Administrator on - at 2:00 PM, who stated that since her brother had , on - , she had taken on the responsibility of operating the ALF. Administrator stated that since that time, she had taken the CORE exam twice and failed it each time. Administrator stated at this time the facility was being operated by her and the facility did not have a CORE trained Administrator .

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

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Bird Lakes Facility Care Inc
14279 Sw 52 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of an abbrteviated state relicensure survey that was conducted on , 2017 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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