

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968017	(X3) DATE SURVEY COMPLETED 02/16/2017
NAME OF PROVIDER OR SUPPLIER PEACE AND CARE OF MIAMI LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 15301 DURNFORD DRIVE MIAMI LAKES, FL 33014	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on _____ and concluded on _____. Peace and Care of Miami Lakes with Limited Mental Health (LMH) component, license number 11968, had the following deficiencies identified at time of the survey:

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

Based on observation, record review, and interview, the facility failed to have a health assessment (AHCA form 1823) that indicated a significant changed for one out of six (Resident #3) sampled residents.

Findings included:

Observation on _____ at 9:35 AM showed that Resident #3 was resting in bed. The resident was receiving hospice services.

Record review of Resident #5's file revealed the health assessment completed on _____ indicated she needed assistant with ambulation, bathing, dressing, eating, _____, toileting and transferring. Resident #5 started received hospice services in _____.

Interview conducted on _____ at 1:00 PM, the Administrator stated that she will contact Resident #5's physician to complete a new Health Assessment.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and interview, the facility failed to ensure that a licensed personnel administer medications to one out of six (Residents #2) sampled residents.

Findings included:

Observation on _____ at 12:10 PM showed that Resident #2 was unable to assist with her medications.

Interview conducted on _____ at 12:30 PM, the administrator stated, "I administer her medications because she is my family member. She is my cousin's mother in law. Her son authorized me to

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administer the medications to her. She is able to move her hands to her mouth sometimes." Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview, the facility failed to appoint in writing a manager for the facility. Findings included: Review of facility finder showed the administrator supervised three assisted living facility. Review facility's record showed the facility did not have a manager appointed. Interview conducted on _____ at 1:45 PM, the administrator confirmed that she did not appoint a manager for the facility. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview, the facility failed to maintain an accurate written work schedule. Findings included: Observation on _____ at 9:35 AM showed Staff C was in care of the residents and providing personal services to them alone. Staffing schedule review showed Staff A is scheduled to be at the facility from 9 AM-6 PM, Staff B is scheduled to be in the facility 7 PM- 7 AM, and Staff C is scheduled to be in the facility from 7 AM-7 PM. Interview conducted on _____ at 1:00 PM, the administrator confirmed the findings that the schedule was not followed. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC		

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Based on observation, record review, and interview, the facility did not ensure that one out of four sampled employees (Staff C) had received in-service training within 30 days of employment. Findings included: Facility visit on at 9:30 AM revealed that Staff C was in care of the residents. Record review conducted on showed that there was no documentation that Staff C received 1 hour of in-service training within 30 days of employment that covers facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Interview conducted on at 1:20 PM, the administrator stated, "Staff C received all the in-services training but the document was not in the facility at this time." Class III 0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC Based on record review and interview the facility have accurate and complete financial records. Findings included: Review of facility's income and expenses found the facility did not record the amount received for daycare participant #7 and the (. . .) payment received for Resident #5. Bank statement review showed that the facility received an payment. Interview conducted with the Administrator on at 1:30 PM she stated, "Resident #5 received payment. I get when you asked me during the survey." Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to ensure that one out of six (Resident #5) residents' record included documentation of power of attorney, surrogate, or guardian. Findings include:		

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Record review conducted on _____ revealed that Resident #5's file contained documents which had the signature of Resident's #5 son. Further record review of Resident #5's file reveal it did not the required documentation designating Resident #5's son as the health surrogate, power of attorney, or guardian. Interview conducted on _____ at 1:20 PM, the Administrator stated, "Resident #5 son brought the power of attorney but the document missed the name of the person that was appointed as her legal guardian." Class III L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC Based on record review and interview, the facility failed to ensure two out of four Staff (Staff B and C) received the required Limited Mental Health (LMH) training. Findings included: Review of Staff B and C's records on _____ at 10:00 AM found they did not contain documentation of limited mental health training. Staff B, caregiver was hired on _____ and Staff C, caregiver was hired on _____. Interview conducted on _____ at 1:30 PM, the administrator confirmed that Staff B and Staff C did not receive limited mental health training as required. Class III		