STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965646	R 04/06/2017
NAME OF PROVIDER OR SUPPLIER **MARINA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 CARIBEAN BOULEVARD** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/30/17 and concluded on 04/06/17. Marina ALF with Limited Mental Health component (lic # 9994) had the following deficiencies at time of the survey:

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

Based on record review and interview, the facility failed have an administrator who was responsible for the operation and maintenance including the management of all staff and the provision of appropriate care to all residents.

Findings included:

An Internet search of the Florida heath finder website showed that the facility did not have an administrator listed.

Record review showed the facility did not have an administrator assigned to the facility.

On at 7:55 AM during an interview Staff A was informed that this deficiency. She stated she had to informed this to the owner.

Uncorrected Class III

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

Based on observation, record review, and interview, the facility failed to have evidence of a negative examination documented on an annual basis for 4 out of 4 sampled staff (E, A, B, D).

Findings included:

Observation on at 7:05 AM found Staff A was in the facility assisting two residents with activities of daily living and preparing daily food for them.

Review of Staff A, B, D, E's personnel record showed that they did not have their annual documentation of negative examination on file

Owner was contacted on at 12:37 PM, 1:09 PM, and 4:14 PM also was contacted on at 9:20 AM and 12:20 PM and she stated that she faxed some information but it was not readable, she said that she was going to fax it again and nothing was received.

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SUMMARY STATEMENT OF DEFICIENCIES
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Uncorrected Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965646	R 04/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARINA ALF	**8830 CARIBEAN BOULEVARD** **MIAMI, FL 33157**

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

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

Based on record review and staff interview, the facility failed to ensure that one out of seven (Staff A) sampled staff had a completed level 2 background screening prior to providing care to residents on file.

Findings included:

During employee record review found Staff A (hired), did not have a current background screening in the facility.

On at 8:00 AM during an interview Staff A stated that she thought that she had given this information to the owner, she was going to look for the copy and give it again to the owner.

Unclassified

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

Based on record review and interview, the facility failed to ensure that staff were registered and/or removed with the clearinghouse's employee roster through the background screening database.

Finding included:

Record review of the clearing house showed Staff A who had been hired on as caregiver was on the clearing house as not working since but she was in the facility at the time of the survey. The facility did not have terminated staff updated on the roster. Staff G hired as caregiver on and terminated on , Staff C hired as Manager on terminated on , Staff F hired on as Administrator terminated on and Staff E hired on as caregiver terminated on .

On at 8:00 AM during the interview Staff A stated that she was going to inform this findings to the owner.

Unclassified