STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966897	R 04/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRAMAR SENIOR LIVING	**14934 SW 32 TERRACE** **MIAMI, FL 33185**

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR #2017000080) was conducted at Miramar Senior Living on 04/05/17. There were 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 a completed health assessment for 1 out of 4 (Resident #2) sampled residents.

Findings included:

Record review revealed Resident #2 did not have a health assessment form (AHCA Form 1823).

On at 10:45 AM during the interview the Administrator stated that he thought that all the health assessment were up to date and fine, he was going to take care of this as soon as possible.

Uncorrected Class III

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

Based on record review and interview the facility failed to have an updated health assessment for 1 out of 4 (Resident #4) sampled residents after a significant change occurred.

Findings Included:

Record review found Resident #4's health assessment dated . The facility failed to have an updated health assessment after the resident was admitted to hospice services.

On at 10:45 AM during the interview the administrator stated that he thought that all the health assessment were up to date and fine, he was going to take care of this as soon as possible.

Class III

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

Based record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

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	AL11966897	R **04/05/2017**
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)

Record review showed the Administrator supervised two assisted living facilities at the time of survey. Record review also showed the facility did not have a manager appointed.

On [redacted] the Administrator stated that they have been doing some movement of personnel in the three facilities that they have and he thought that this had been corrected already and he was going to consult this to his consultant.

Uncorrected Class III