STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968017	R 04/19/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE AND CARE OF MIAMI LAKES	**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 Revisit Survey was conducted on 04/19/2017. 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:

0120 - Fiscal - Financial Stability - 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on record review and interview the facility failed to maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed.

Findings included:

On . . . at 8:00 PM Staff A provided the ALF monthly income / expenses statement for the month of , 2017. Review of the facility's income and expenses showed that the facility only have the month of , in file at the time of the survey. The facility failed to provide financial records for , 2017 and 2017.

Interview conducted with Staff A on at 9:00 PM, she stated, "I just prepared the month of . . . . ; I did not know that I have to have the last three months of Income/ Expenses."

Uncorrected 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 that staff receive a minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of being hired in a facility that has a mental health license for 2 out of 5 sampled staff (Staff B and D).

Findings included:

Record review revealed Staff B was hired on . . . . and staff did not have limited mental health training documentation within 6 months of hire.

Record review revealed Staff D was hired on and staff did not have limited mental health training documentation within 6 months of hire.

On . . . at 9:00 PM Staff A reported Staff B was registered to take the class but she did not go. Staff A also stated that she will register Staff B to take the limited mental health training.

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SUMMARY STATEMENT OF DEFICIENCIES
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Uncorrected Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE AND CARE OF MIAMI LAKES	**15301 DURNFORD DRIVE MIAMI LAKES, FL 33014**

SUMMARY STATEMENT OF DEFICIENCIES
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Z827 - Unlicensed Activity - 408.812 FS

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care and assistance with self- administration of medications to seven of seven residents (#s 1-7). The facility provided services to residents outside the current license capacity of six.

Findings included:

The health finder website revealed the facility is licensed for six beds.

Interview on at 7:19 PM Staff D reported, "We have six residents and two daycares. Daycares left, the family pick them up."

Observation on at 7:24 PM revealed the facility had seven residents (#s 1-7). During the tour observation found nine beds in the facility at time of survey.

Further interview on at 7:24 PM Staff D stated, "Employee Only for staff."

Observation on at 7:24 PM revealed Resident #7 was sleeping in the "Employee only." This next # and the main dining area.

Staff B then stated, "I know she (Resident #7) should not be here, her son told me to keep her sleeping tonight, for today. She is a daycare."

Further observations on at 7:40 PM found the medications storage in the kitchen cabinet, Resident #7's medications were stored by the facility.

Review of Resident #7's record showed an Adult Day Care Agreement dated and signed on . Page 1 stated, "The client shall be dropped off at 6:00 AM and picked up by 7:30 PM."

Record review of Resident #7's Medication Observation Record (MOR) revealed: , 5 mg, , 81 mg, , 40 mg at 7:00 AM, Atortastin 10 mg at 7:00 PM, and 50 mg at 9:00 PM. Staff C and D initialed the MORs for Resident #7 as medication given from - for morning and night dosages.

Interview on at 9:46 PM Staff A reported, "The son asked me the favor to keep his mother in the facility; he has an emergency."

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SUMMARY STATEMENT OF DEFICIENCIES
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Unclassified Deficiency