STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **MAJESTIC SENIOR CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15347 SW 179 TERRACE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . Majestic Senior Care ALF with limited mental health component (AL 11070) had the following deficiencies identified at the time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to appoint a guardian, power of attorney or proxy for 1 out of 6 (Resident #2) facility residents.

Findings as follow:

Resident #2's record review showed the contract was signed by a family member on . Further review showed, the facility failed to have documentation of a power of attorney for Resident #2.

On at 11:00 a.m. the Administrator acknowledged the contract of Resident #2 was signed by his son and stated the facility had no documentation of his power of attorney.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 2 out of 4 (Staff C and D) facility staff trained in working with limited mental health residents.

Findings as follow:

Record review showed the facility failed to have documentation of the 6 hours, Limited mental health training for Staff C (hired on) and Staff D (hired on) within 6 months of employment.

On at 12:10 p.m. the Administrator stated Staff C and D had not received the Limited mental health training but Staff C was already registered for the training (training date).

Class III