STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R 05/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACARENA ASSISTED LIVING FACILITY, INC	**8000 SW 88 ST** **MIAMI, FL 33156**

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

0000 - Initial Comments

A monitoring second revisit survey was conducted on and concluded on . Macarena Assisted Living Facility (AL 12764) had the following deficiencies identified at the time of the survey:

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 documenting the change in health condition of 1 out of 6 (resident #6) facility residents.

Findings as follow:

Review of Resident #6's health assessment dated revealed the resident had a communicable which could be transmitted to other residents or staff: " , NARES."

On at 12:30 p.m. the administrator stated resident #6 had the mentioned communicable before being admitted to the Alf, when was hospitalized. The administrator added, resident #6 has no communicable at present time and acknowledged the health assessment was no accurate because did not reflect the change in resident's health condition.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation , record review and interview the facility failed to provide the care and services according to 1 out of 6 (Resident #1) facility residents' needs.

Findings as follow:

On at 10:00 a.m. Resident #5 observed in bed in # , a strong odor was coming from the . Staff was asked why Resident #5 was not bathed and changed. Staff replied "the hospice CNA (certified nursing assistant) had not come to bathe him."

On at 10:20 a.m. the hospice CNA arrived to the facility to assist Resident #5.

Resident #5's last assessment dated documented a medical history (diagnoses) of , , ( ), ( ), , and , . The resident required assistance with all activities of daily living. Hospice plan of care in record stated resident is

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( ).

On at 11:00 a.m. the administrator acknowledged Resident #5 had to be cleaned and changed by facility staff.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation and record review the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 9:55 a.m. staff B and staff C were observed in facility with five residents. on at 10:25 a.m. staff A arrived.

Staffing schedule review revealed staff A was not working as scheduled. On the following staff were scheduled to work:
Staff A from 8:00 am to 3:00 pm
Staff B from 7:00 am to 7:00 pm
Staff C from 7:00 am to 7:00 pm

On at 12:40 p.m. staff B and E were observed in facility with five residents. On at 1:25 p.m. staff A arrived.

Staffing schedule review revealed staff A was not working as scheduled. On the following staff were scheduled to work:
Staff A from 8:00 am to 3:00 pm
Staff B from 7:00 am to 7:00 pm
Staff E from 8:00 am to 3:00 pm

Uncorrected Class III