STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968509	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **LOS TRES MILAGROS II, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15431 SW 159 STREET** **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 . Los Tres Milagros II, License #12398 LLC had the following deficiency identified at time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to provide a completed Health Assessment documenting what type assistance resident needs for medication administration for 1 out of the 2 sampled residents (Resident #4).

Findings include:

A review of Resident #4's (admitted) AHCA Health Assessment Form 1823 date revealed there was no documentation of what type of assistance the resident needed with medication.

During an interview on at 2:15 PM, the Administrator stated "The physician is the one that completed the health assessment, and he must have failed to document the type of assistance needed."

Class III