

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968099	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER CUTLER BAY VILLAGE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10425 SW 212 STREET MIAMI, FL 33189	

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

0000 - Initial Comments

An abbreviated biennial survey was conducted on . Cutler Bay Village ALF, license # 12045 had the following deficiencies found at the time of the survey:

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

Based on observations, record review, and interview, the facility failed to provide a completed health assessment for 1 out of 9 sampled residents (Resident #1).

Findings included:

Observation on at 9:00 A.M. showed Resident #1 received assistance with self-administration of medication by staff D.

A review of Resident #1's record showed the Health Assessment (form 1823) done on had no indication of what kind of assistance the resident needed with medications. The form was blank.

During an interview on at 1:30 P.M., the Administrator acknowledged the deficiencies found during the survey.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review, and interview, the facility failed to have documentation of a negative () examination documented on an annual basis for 1 out of 5 sampled staff (staff C) .

Findings included:

On from 8:30 AM to 1:00 PM, Staff A was observed assisting the residents with activities of daily living.

A review of Staff A's personnel record showed that there was no documentation of a negative examination.

on at 1: PM, Staff A reviewed the employee records for the missing documentation. She acknowledged there was no test result on file.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968099	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER CUTLER BAY VILLAGE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10425 SW 212 STREET MIAMI, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview, the facility failed to provide meals based on the dietary guidelines. The facility had expired food. Findings Include: On at 09:27 AM during the tour one (2) out of 6 emergency foods sampled were found expired; 1-Corned Beef Hash (8 cans) expired on , 1-Jellied Cranberry Sauce (1) expired on . On at AM Staff A stated "I did not notice it." He immediately took all 2 packages of Corned Beef Hash out as well as the jellied Cranberry Sauce and replaced with 38 cans of tuna, 40 cans of chicken, 15 cans of spam. Class III		