STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967457	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **FLAMINGO CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1270 NE 174 STREET** **NORTH MIAMI BEACH, FL 33162**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on Record Reviews and Interview, the facility failed to maintain a signed Attestation of Compliance with Background Screening on file for one (1) of eleven (11) sampled employees' .

Findings Included:

Records Reviews of Staff K's personal file on at 12:30 PM revealed that she did not have a signed background screening attestation in file.

During interview conducted with Staff K on at 12:32 PM, she acknowledged that the attestation is not in file she stated "Oh I know what you are talking about, the previous manager/ office assistant took it out I think."

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to have an updated, eligible Level II background screening result on file for two (2) out of eleven (11) sampled staff (E and J). The facility also failed to ensure that the Administrator and/or the fiancial officer had an eligible Level II background screening. Staff A's background screening was ineligible due to a recent .

Findings included:

A review of Staff E's personnel file revealed an expired Level II background screening in file dated . A review of the background screening clearinghouse database revealed that Staff E had an updated eligible background screening dated . There was no documentation of Staff J's eligible Level II background screening in the file.

On at 12:32 PM, Staff K acknowledged that Staff J needed an updated eligible background screening in file.

A review of the background screening clearinghouse database showed that the Administrator 's Level II background screening was ineligible as of .

On at 12:00 pm, the Administrator arrived at the facility to printo out the fainancial statement

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from the bank, which only she had access to.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record reviews and Interview, the facility failed to perform a new level 2 background screening to one (1) out eleven (11) sampled employees who had 90 or more days' break in service (Staff D).

Findings Included:

Record Review showed that Staff D was hired on . . . . . , her last employment ended . . . . . , and background screening was performed on .

During interview conducted with Staff K on at 12:32 PM, she acknowledged that Staff J needed an updated eligible background screening result on file.

Unclassified

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0000 - Initial Comments

A Resident Status Monitoring Survey was , 2017. Flamingo Care LLC has the following deficiencies identified at time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that a qualified Administrator who had completed the CORE training and certification was responsible for the daily operation, management of staff, and maintenance of the facility.

Findings included:

A review of staff files found Staff A application hired , where she is listed as the Administrator. A Internet search done on on the Florida Facility Finder found that Staff A was listed as the Administrator. The employee roster shows on Staff A end dated as as the Administrator verifying the facility does not have an Administrator for the facility to oversee daily operations.

Interviews conducted on between 11:34 am and 12:30 pm with Staff C, F, I, and K, and also with Residents # 1-4, verified Staff A was still acting as the administrator of the facility.

Class III

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

Based on record observation, record review, and interview, the facility failed to provide documentation that three out of the eleven sampled employees had an updated negative ( ) test result or freedom from communicable statement (Employee C, H, J).

Findings:

During the tour on at 10:23 AM, Staff C was observed in the kitchen preparing lunch for the residents.

Record review revealed that Staff C started working at the facility on and there was no documentation in the file stated that a test or a freedom from communicable examination had been completed. Furthermore, Staff H's status expired on and Staff J's status

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expired on .

At 12:12 PM on Staff A stated regarding Staff C "she had a finger printing done when she first started that is expired, she only does purchasing and office work, she purchase food for the facility, she does not have contact with patient, she has no patient's contact."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have sufficient drinking water stored or a plan for obtaining water in an emergency.

Findings included:

During the tour on at 10:40 PM, 3 gallons of water were observed in the pantry.

On at 10:41 AM, Staff K acknowledged there was no emergency water available for the residents. Staff I stated that "This water is not for emergencies."

Class III

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

Based on record review and staff interview, the facility failed to provide income and expense statement. The facility also failed to provide a record for five out of five (#1, 2, 3, 4, & 5) sampled resident's income that was received by the facility.

Findings includes:

Record review found Resident #1, 2, 2, 4, and 5's contracted rates are an average of $2000 which is signed by each resident. Record review revealed that the facility did not have current or recent income and expense reports. The last income documented was for , 2013. Record review found that the facility did not have any documentation regarding what income that was received from Residents #1, 2, 3, 4, and 5 during their stay at the facility. Record review found no records of payroll, or of operating expenses such as the monthly utility bills.

A review of staff files found Staff A's application (hired), where she is listed as the Administrator. A review of agency records and the Facility/Provider Locator Database found that Staff A was listed as

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the Administrator and 100% Owners of the facility. A review of records and agency correspondence showed that Staff A was for fraud and was ineligible to act as financial officer for the facility or to manage residents' funds.

Interviewed on at 12:00 PM, Staff A acknowledged she was still the administrator and that she was the only one who handled the facility's finances.

Class III