STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	R 08/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN RESIDENCES, INC	**19940 SW 124 COURT** **MIAMI, FL 33177**

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on . Martin Residences, Inc with Limited Mental Health component (AL 10058) had the following deficiencies identified at the time of survey:

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member be present in facility with the and First AID training (Staff E).

Findings as follow:

On at 11:00 a.m. Staff E observed in facility with six residents alone.

Staff record review showed the facility had no documentation of the and First AID training for Staff E.

On at 11:15 a.m. Staff E stated she had not received and FIRST AID training.

On at 11:30 a.m. the Administrator stated he took Staff C to the doctor. He added, he left Staff E in charge thinking that Staff C's appointment would take a short time. The Administrator also said, Staff B had no the and FIRST AID training.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, record review, and interview, the facility failed to ensure that 1 out of 3 (Staff E) sampled employees have a completed employment application with references.

Findings included:

On at 11:00 a.m. Staff E was observed in facility with six residents alone.

Staff record review revealed the facility did not have a completed employment application with references or documentation of compliance with training for Staff E.

On at 11:15 a.m. Staff E stated she had no documents in facility. She said that Staff C went out to buy something and left her there to take care of residents.

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

On [redacted] at 11:30 a.m. The Administrator stated he took Staff C to the doctor. He added, that left Staff E in charge thinking that Staff C doctor's appointment would take a short time. The administrator also said Staff E had no documents in facility.

Uncorrected
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

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

Based on observation, record review, and interview, the facility failed to ensure that 1 out of 3 (Staff E) sampled employees have a Level 2 background screening:

Findings as follow:

On . . . . . at 11:00 a.m. Staff E was observed in facility with six residents alone.

Staff record review revealed the facility did not have a background screening for Staff E.

On . . . . . at 11:15 a.m. Staff B stated she had no background screening done.

On . . . . . at 11:30 a.m. The Administrator said Staff E had no background screening. He added he left Staff E alone while Staff C was at a doctor's appointment.

Unclassified