STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R 08/14/2017

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 third revisit survey was conducted on , 2017. Macarena Assisted Living Facility, license #12764, with limited mental health component had the following deficiency identified at the time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview, observation, and record review, the Assisted Living Facility failed to ensure that one of nine sampled residents met admission criteria (#7).

Findings included:

In an interview on at 12:03 PM Staff F stated, "Resident #7 cannot walk. Resident #7 was just admitted and will start on hospice."

Observations on at 12:16 PM revealed Staff A, F, and G assisted Resident #7 with transferring. Resident #7 used three staff members and a walker to transfer. Resident #7 dropped on the floor but the resident did not . Staff assisted Resident #7 with total help to stand up and continued transferring.

Review of Resident #7's record revealed admission date was .

Class III