

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/02/2017  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966985</b>                 | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>08/22/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIAMI GARDENS MANOR, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>915 NW 175 STREET</b><br><b>MIAMI, FL 33169</b> |                                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An Abbreviated Biennial Revisit Survey was conducted on 08/22/17. Miami Gardens Manor, Inc. with a standard License (#11092) had the following deficiencies found at the time of the survey:</p> <p><b>0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC</b></p> <p>Based on record review and interview the facility failed to appoint a Manager for each facility the Administrator supervises.</p> <p>Findings included:</p> <p>Review of the health finder website showed that the facility's Administrator supervised two facilities.</p> <p>Interview on                      at 9:46 am Staff B stated that she did not have the key to open the door. In addition, Staff B stated, "The owner did not allow access to the facility's records. I have to call the owner of the facility, I do not have access to the records."</p> <p>Record review found the facility did not have personnel records available to review.</p> <p>Uncorrected Class III</p> |                                                                                             |                                                                     |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MIAMI GARDENS MANOR, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>915 NW 175 STREET</b><br><b>MIAMI, FL 33169</b> |                                                                     |

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on record review and interview the facility failed to maintain employee status within the background screening's clearinghouse.

Finding included:

Interview on at 9:46 am Staff B stated that she did not have the key to open the door. In addition, Staff B stated, "The owner did not allow access to the facility's records. I have to call the owner of the facility, I do not have access to the records."

Record review found the facility did not have personnel records available to review.

Unclassified

**Z824 - Right of Inspection; Inspection Reports - 408.811 FS; 59A-35.120 FAC**

Based on observation, record review and interview the facility failed to provide access to facility records during an inspection.

Findings included:

Observation on at 9:46 am revealed the facility's record area was locked.

Interview on at 9:46 am Staff B stated that she did not have the key to open the door. In addition, Staff B stated, "The owner did not allow access to the facility's records. I have to call the owner of the facility, I do not have access to the records."

Phone interview on at 9:49 am Staff A stated, "I did not know that you were coming today, if you would let me know, I would let all the documents that you need out from the office. It will takes me 20 minutes to arrive to the facility."

Unclassified