

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966094	(X3) DATE SURVEY COMPLETED R 08/30/2017
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE MANOR & VILLA ADULT CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH DRIVE MIAMI SPRINGS, FL 33166	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on . Morningside Manor & Villa Adult Care Corp. with a standard license (AL 10361) had deficiencies identified at the time of the survey.

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

Based on record review and interview the facility failed to have the signed Attestation in 1 out of 6 (Staff A) employee's personnel file.

Findings as follow:

Staff record review showed Staff A was hired on The staffing schedule showed Staff A was a facility employee.

On at 10:40 a.m. the Administrator stated the facility did not complete the acknowledgment for Staff A.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility was operating over their license capacity of 6 beds by having a census of 7 residents.

Findings as follow:

On at 8:30 a.m. seven (#7) residents were observed in facility.

The admission and discharge record review showed the facility had 7 residents.

Record reviews showed the facility had executed resident contracts for Residents #1, #2, #3, #4, #5, #6, and #7 at the facility.

On at 10:00 a.m. Staff B stated Resident # 7 was going to be discharged today.

Unclassified