STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967457	R 08/29/2017
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)

0000 - Initial Comments

A revisit survey was conducted on . Flamingo Care LLC with a Limited Mental Health (License#11525) had 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 notify the Agency of a change of the administrator within 10 days.

Findings included:

A review of the facility's records revealed that Staff A was the current administrator. A review of the Facility Provider Locator database revealed that Staff I was the administrator of the facility. In addition, a review of the Background Screening Clearinghouse database reflected Staff I as the administrator of the facility.

Interviewed on at 12:50 pm Staff A stated, "I am the Administrator. I will send a notification to Tallahassee for the change of administrator, today. Staff I was acting as the administrator provisionally; I am currently the administrator of the facility. "

Uncorrected
Class III

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

Based on record review and interview the facility failed to provide documentation of a current negative ( ) test for one of eight sampled staff (Staff A).

Findings included:

A review of the personnel record revealed that Staff A started working at the facility on . Staff A's examination result expired on .

Interviewed on at 12:50 pm, Staff A acknowledged that she was missing an updated negative result.

Uncorrected
Class III

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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)

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

Based on observation, record review and interview, the facility failed to have the required amount of drinking water (stored) onsite case of an emergency. The facility is licensed for six residents.

Findings included:

During the tour on . . . . at 11:00 am, observation revealed that the facility had four one-gallon jugs of drinking water in the pantry.

Observation on at 11:00 am revealed that the facility had three residents and two staff.

A review of the facility's expired Emergency Management Plan revealed that it stated, "Three gallons of water per patient per day."

On . . . . at 9:23 am, the Emergency Management Plan Representative stated during a telephone interview, "It is three gallons of water per patient per day, and the facility must have water onsite for the number of residents that is established on its license at all times."

Uncorrected
Class III

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

Based on record review and interview the facility failed to have accurate and complete financial records.

Findings included:

Record review revealed that the facility's income and expenses (-) did not reflect (cover with white correction fluid) the total operating expenses and/or profit (loss).

Interview on . . . . at 12:40 pm Staff A stated that she had work hard to complete all the income and expenses, but she did not notice that they were missing that information."

Uncorrected
Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

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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)

Based on record review and interview the facility failed to have the emergency management plan reviewed annually.

Findings included:

Record review on revealed that the facility did not have a current emergency management plan submitted and/or approved annually yet. The last letter of approval was dated .

Interviewed on at 12:59 pm, Staff A confirmed that the facility did not submit an Emergency Management Plan.

Class III