STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967136	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15592 SW 183 LANE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 11/ . South Miami Senior care with standard license (AL 11202) had the following deficiencies identified at the 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 appoint a manager that successfully complete the CORE competency test.

Findings as follow:

The health finder database showed the Administrator managed two facilities. Record review revealed the facility did not have proof that the appointed Manager (Staff B) successfully passed the CORE test with 90 days of employment.

On at 1:30 p.m. the Administrator stated the Manager took the CORE test but failed it. She stated he is planning to retake the test on 2017. The administrator stated the manager was hired on 2017.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have 1 out of 3 (Staff C) facility staff trained in reporting major and adverse incidents, facility emergency procedures, resident rights, and recognizing and reporting resident , neglect, and , .

Findings as follows:

Personnel record review revealed the facility had no documentation of the reporting major and adverse incidents, emergency procedures, residents rights and reporting training documentation for Staff C.

On at 1:30 p.m. the Administrator stated she believed the training were in records becasue the consultant had reviewed all staff records.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967136	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15592 SW 183 LANE** **MIAMI, FL 33187**	

SUMMARY STATEMENT OF DEFICIENCIES
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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have 1 out of 3 (Staff C) staff trained in facility's policies and procedures regarding ( ).

Findings as follow:

Record review showed the facility did not have any documentation that Staff C received training on the policies and procedures regarding the 's.

On at 1:30 p.m. the Administrator stated she believed the training was in Staff's C record because the consultant had reviewed all the staff records.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to have an accurate health assessment for 1 out of 5 (Resident #5) residents.

Findings as follow:

Resident #5's record revealed the health assessment dated documented the resident needed medication administration and it was erased by writing over the word "error" and initializing with "AR". There was a check mark under assistance with self administration of medications.

On at 1:30 p.m. the Administrator stated she corrected the health assessment because there was an error on marking medication administration because the resident only needed assistance with medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967136	**11/02/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15592 SW 183 LANE** **MIAMI, FL 33187**	

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

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 attestation of compliance with the background screening for 3 out of 3 (Staff A, B, and C) facility Staff.

Findings as follow:

Staff record review showed the facility did not have the attestations of compliance with the background screening for Staff A, B, and C available for review.

On at 1:30 p.m. the Administrator stated that believed the attestation was in records.

Unclassified