STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965295	**12/06/2017**
NAME OF PROVIDER OR SUPPLIER **TLC III**	STREET ADDRESS, CITY, STATE, ZIP CODE **8395 SW 112 STREET** **MIAMI, FL 33156**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on . TLC III with standard license (AL 9762) had the following deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to have evidence of a negative ( ) examination documented on an annual basis for 4 out of 10 (Staff F, G, I, and J) sampled staff.

Findings as follow:

Record review revealed Staff F's last statement was dated , Staff G's last statement was dated , Staff I's last statement was dated , and Staff J's last statement was dated .

On at 3:50 p.m. the Administrator stated, "I did not know the freedom from statements for Staff F, G and I were already expired."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to have 1 out of 10 (Staff D) sampled staff trained in the initial assistance with self-administration of medications training.

Findings as follow:

Record review showed the facility did not have documentation of the initial (4 hours) training in assistance with self-administration for Staff D.

On at 2:08 p.m. Staff D stated she assisted residents with self administration of medications.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to have 3 out of 10 (Staff F, G, and J) sampled staff trained in nutrition and food service annually.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings as follow:

Record review showed the nutrition and food service training for Staff F was dated , Staff G was dated , and Staff J was dated .

On at 3:40 p.m. the Manager acknowledged the nutrition and food service training for Staff F, G, and J were expired.

Class III

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 1 out of 5 (Resident #5) facility residents.

Findings as follow:

Record review showed the contract for Resident #5 was not signed by the resident.
Further record review showed the facility failed to have documentation of a power of attorney for Resident #5.

On at 3:00 p.m. Resident #5 stated that her grandson signed her contract.

On at 3:30 p.m. the Manager stated they will request the power of attorney for the resident's grandson.

Class III

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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 signed attestation in 3 out of 10 (Staff A, H, and J) facility Staff records.

Findings as follow:

Record review showed the facility did not have a signed attestation for Staff A (Administrator), Staff H (hired on), and Staff J (hired on).

On at 3:40 p.m. the Manager stated they would update the staff records.

Unclassified