STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R 02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR RETIREMENT HOME, INC	**3033 SW 6 STREET** **MIAMI, FL 33135**

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 02/28/2018. Senior Retirement Home (license #7813) had the following deficiencies found at time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Base on observation and interview, the facility failed to retain and use his or her own clothes and other personal property in his or her immediate living quarters for one out of six samples residents (Resident #6).

Finding included:

On at 9:00 A.M. observations found # was occupied by Resident #6 in her private . . . . . drawer was against the wall and her closet doors had a locked.

During an interview on at 8:55 A.M. the Administrator stated, "we put it like that because she likes to wake up during the night and start disorganizing the drawers and make a mess." Observed during the interview that Staff C entered to the . . . . placed the dresser in the correct position . She stated this never going to happen again.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure that residents who use portable bedside commodes are provided with privacy for two out of six sampled residents (Residents #1 and #2).

Finding included:

On at 9:00 A.M. found # was occupied by Residents #1 and #2 a commode was place at the . . . . . door.

On . . . . . at 9:00 A.M. the Administrator stated, "the commode was being use at night by Resident #2 because it is very difficult for her to go to the , the not have divider to provided privacy to the other resident."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R **02/28/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

Class III