STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Second Follow-up to Standard Biennial was conducted on , , 2018. Maud's Place ALF (#10440) with Limited Mental Health and Limited Nursing Services components had the following deficiencies identified at time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to provide documentation of a satisfactory annual fire inspection.

Findings included:

A review of facility's records revealed the fire inspection was not satisfactory. There was an inspection report; listing a fire extinguisher violation. As of there is no inspection report showing that the violation has been corrected.

Interviewed on at 10:50 AM, the Owner stated, "She did not have the approval fire inspection form and that she will contact the fire department to have someone come out and correct the violation".

Class III

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

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

Findings included:

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

Interview on at 10:50 AM, the Owner stated, "The 2018 CEMP has been submitted, but that she has not received the approval letter for this year".

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to provide evidence of three hours of continuing education every 2 years of Limited Mental Health training for four out of eight sampled staff (Staff A, B, D, and E).

Findings included:

Record review showed Staff A, B, D, and E did not have the 3 hours update for the Limited Mental Health required every 2 years.

On [redacted] at 11:50 AM with Staff B stated we did the training and we have been trying to file things properly. So I am not sure where Staff A place them.

Uncorrected Class III