STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966644	**05/29/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI LAKES ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7849 N W 200 TERRACE** **MIAMI, FL 33015**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on , , 2018. Miami Lakes Assisted Living Facility (Lic #10808) had the following deficiencies at time of the survey.

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

Based on record review and interview the facility failed to provide evidence of a negative ( ) examination on an annual basis for four of five sampled staff (Staff B, D, and E).

Findings included:

Record review revealed that Staff B's last statement on file was dated on . Record review revealed Staff D (hired) last statement dated . Record review revealed that Staff E's last statement on file was dated on .

Interview on at 1:00 pm Staff A stated, "Yes, I am aware that we are missing update statement in our files."

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility failed to ensure that the Manager/ Assistant Administrator participated in 12 hours of continuing education in topics related to assist living facility every 2 years.

Findings included:

Record review revealed Staff B's last 12 hours of continuing education training dated on . Staff B's training within the last two years revealed it did not total 12 hours.

Interview on Staff A stated, "I was aware that she needed to take the 12 hours of continuing education in topics related to assist living facility."

Class III

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0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on record review and interview the facility failed to have one hour of training in the facility' s policy and procedures regarding [redacted] ([redacted]) training for two (C and D) of five sampled staff.

Findings included:

Record review revealed Staff C (hired on [redacted]) and D (hired on [redacted]) did not have (one hour) training.

Interview on [redacted] at 12:30 pm Staff C and D stated, "We do not have that training."

Class III

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

Based on observation and interview the facility failed to provide a safe living environment for six of six (1-6) sampled residents.

Findings included:

Observation on [redacted] at 10:00 am revealed that the facility backyard had debris (50 tiles) construction and a blue plastic covering broken furniture (bed, matters, wheelchairs)

Interview on [redacted] at 1:00 pm Staff A stated, "I know that I have to through away this broken furniture, and the debris are being picking up right now."

Class III

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

Based on observation and interview the facility failed to have an up to date admission and discharge log.

Findings included:

Observation on [redacted] at 09:00 am revealed six Residents (1-6) living in the facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review revealed that the facility failed to have an update admission and discharge log. It did not have Residents 1 and 5 listed.

Interview on at 10:00 am Staff A stated, "I forget to add Resident 1 and 5 in the admission and discharge log."

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 one (#2) of six sampled residents. The facility failed to have documentation in the facility regarding care for one (#2) of six sampled residents.

Findings included:

Record review revealed Resident #2's health assessment ( ) did not reflect diet information. It did not reflect if Resident #2 met criteria to live in the facility or that the resident was on hospice.

Interview on at 12:00 pm Staff A confirmed Resident #2 did not have an update health assessment.

Interview on at 10:00 am Staff A, C, and D stated, "Resident #2 had a . The hospice's Nurse comes to take care of it."

Interview on at 3:49 pm the Nurse stated, "I am providing care for Resident #4's , I have the notes, and I will send it to you."

Record review revealed that Resident #2's progress notes and health assessment did not reflect care information.

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 submitted and approved annually.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review revealed that the facility did not have current emergency management plan submitted and/or approved.

Interview on at 1:30 pm Staff A confirmed that the facility did not receive an Emergency Management Plan approval.

Class III

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

Based on record review and interview the facility failed to have 8 hours of training in Limited Mental Health (LMH) for one of five (D) sampled staff.

Findings included:

Record review revealed facility failed to provide the initial 8 hours of training in LMH for Staff E.

Interview on Staff A acknowledged that Staff D did not have the initial training for LMH.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to provide an eligible Level II Background Screening for one of five (B) sampled Staff.

Findings included:

Record review revealed Staff B, hired on , had a background screening dated . Staff B's background screening was check on the database it reflected, "Agency Review Required."

Interview on . Staff A stated, "I did not know that Staff B needed a new Background Screening."

Unclassified