STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966762	**06/08/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH MIAMI HEIGHTS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11720 SW 181 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on . . . . . and concluded on . . . . . South Miami Heights ALF inc. with limited mental health component (Lic# 10904) had the following deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have an annual satisfactory fire inspection

Findings as follow:

Record review also showed the last facility's fire inspection was conducted on . . . . . .

On . . . . . at 1:00 PM the Administrator she stated they are waiting for the fire inspector to come.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview the facility failed to conduct at least 2 elopement drills a year.

Findings as follow:

Record review showed the last elopement drills recorded by facility were on , and . . . . . .

On . . . . . at 1:00 PM the Administrator acknowledged the facility did not record any elopement drill on 2017.

Class III

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 3 out of 3 (Staff A, B and C) sampled staff.

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Findings as follow:

Record review showed Staff A, B, and C's statements were expired. Staff A's last statement was dated , Staff B's on , and Staff C's on .

On at 1:30 the Administrator stated that she had already planned to go to the doctor to obtain the updated for facility staff.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview the facility failed to have an accurate Staffing schedule.

Findings as follow:

On at 9:40 AM observed Staff B working in facility alone with 6 residents.

The facility's schedule showed Staff A was scheduled to work from 7 AM till 7 PM and Staff B was scheduled to work from 9 AM till 6 PM. Staff D was scheduled to work from 9 AM to 6 PM although there was no one's name listed.

On at 1:00 PM the Administrator stated she would talk to the consultant to fix the schedule.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to have 1 out of 3 (Staff C) sampled staff were trained in a one-time education course on / .

Findings as follow:

Record review showed the facility did not have documentation that Staff C received / training. Staff C was hired on .

On at 1:00 PM the Administrator stated will train Staff C.

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Class III

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

Based on record review and interview the facility failed to ensure that 2 out of 3 sampled staff received a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility, annually.

Findings as follow:

Record review showed the facility failed to have 2 hours of nutrition and food service continuous education training on annual basis for the Administrator (Staff A), Staff B and C. Staff A's last nutrition and food service training was dated , Staff B's was dated , and Staff C's was dated .

On at 1:30 PM the Administrator stated the trainings were already scheduled.

Class III

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

Based on interview and record review the facility failed to have an accurate health assessment for 3 out of 6 (Residenr #2, #4, and #5) sampled residents.

Findings as follow:

Resident #2's health assessment did not specify type of diet the resident needed.

On at 11:00 AM the Administrator stated she would ask the doctor to fix the health assessments. She said Resident #4 needed assisted with self administration of medications.

Resident #4's assessment, dated , showed the resident needed medication administration. The health assessment stated Resident #4 was independent with in the activities of daily living.

Resident #5's health assessment did not specify type of assistance the resident needed with self administration of medications.

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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 1 out of 3 (Staff B) sampled staff trained in working with limited mental health residents.

Findings as follow:

Record review showed the facility did not have any documentation of limited mental health training. Staff B was hired on .

On . the Administrator acknowledged the limited mental health training for Staff B was not in the records.

Class III

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview the facility failed to have the attestation of compliance with the background screening form in the records of 3 out of 3 (Staff A, B, and C) sampled staff.

Findings as follow:

Record review showed the facility did not have the attestation of compliance forms for Staff A, Staff B, and Staff C.

On [redacted] at 1:00 PM the Administrator stated they will complete the attestation forms for Staff A, B and C.

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