STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922180	**07/24/2018**
NAME OF PROVIDER OR SUPPLIER **LA MILAGROSA II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1820 SW 14 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 2018. La Milagrosa II (license #7937) had the following deficiencies identified at the time of the survey:

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility failed to have documentation of training regarding incident reporting within 30 days of employment for one of two (A) sampled staff.

Findings included:

Review of Staff A's (hired) personnel record showed no documentation of training regarding incident reporting.

On at 11:30 AM, Staff B, after reviewing files acknowledged that Staff A did not have incident reporting training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on observations, record review and interview, the facility failed to ensure that one out of two sampled staff received initial 4 hours training on providing assistance with self administered medications prior to assuming this responsibility (B). The facility also failed to ensure that unlicensed staff staff responsible for assisting residents with medications completed the two hours of additional training regarding medications required as of the rule update.

Findings included:

Observation on at 9:15 AM showed Staff B assisting with morning medication for Residents #1 & 2. Review of the medication log showed Staff B initialed the log once medications were given. Review of the personnel record showed Staff B (hired) did not have documentation of the initial 4 hours training for medications or the additional two hours required as of the rule update.

On at 2:00 PM Staff B acknowledged he did not have proof he completed the required six

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hours of medication training.

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 current emergency management plan letter of approval.

On at 2:30 PM Staff B stated, "we submitted to the local CEMP but have not received the approval letter yet."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to be in compliance with the detailed emergency environmental control plan.

Findings included:

Observation on at around 10:00 am showed that the facility did not have any fuel or a monoxide alarm onsite. The facility did not have written policies and procedures to ensure that it could effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility did not documentation that the residents were notified of the implementation of the plan.

On at 10:36 AM staff B stated, "I have not implemented any policy and procedure, I been working in ALFs for 20 years and I know how to handle emergency situations. The fuel is in my other house for now. It is kept in a shed at the other house."

Class III

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