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| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11912063</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>09/24/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>MAGGIE'S RETIREMENT HOME #4</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7100 NW 1 TERRACE<br/>MIAMI, FL 33126</b> |                                                     |

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

**0000 - Initial Comments**

An Extended Congregate Care Monitoring Survey was conducted on 09/24/2018. Maggie's Retirement Home # 4 ALF (License #7978) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey:

**E203 - ECC - Staffing Requirements - 58A-5.030(3) FAC**

Based on observation and interview the facility failed to provide evidence of a contract with a nurse to provide extended congregate care on the premises.

Findings included:

Arrived at the facility on 09/24/2018 at 8:15 AM, requested the extended congregate care record to Staff D. She stated that she could not find it and that she would call the administrator.

On 09/24/2018 at 9:31 AM the owner was observed bringing the contracted nurse's book to the facility.

Class III

**E210 - ECC - Training - 58A-5.0191(8) FAC**

Based on record review and interview the facility failed to provide evidence that all direct care staff providing care to residents in an extended congregate care program complete at least 2 hours of in-service training within 6 months of beginning employment in the facility for one out of five sampled staff (Staff D).

Findings included:

Review of the facility's license revealed that it had extended congregate care component.

Personnel record revealed Staff D was hired on 09/24/2018 and the facility did not have evidence of 2 hours of extended congregate care training.

On 09/24/2018 at 10:05 AM the owner stated, "She needs it?"

Class III

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/19/2018  
FORM APPROVED

|                                                                                                         |                                                                                       |                                                        |
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| NAME OF PROVIDER OR SUPPLIER<br><b>MAGGIE'S RETIREMENT HOME<br/>#4</b>                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7100 NW 1 TERRACE<br/>MIAMI, FL 33126</b> |                                                        |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                        |
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