STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	**10/18/2018**
NAME OF PROVIDER OR SUPPLIER **WE CARE SENIOR ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8325 SW 37 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on and concluded . We Care Senior Assisted Living Llc. (License #7979) with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 3 sampled staff was knowledgeable in the subject of ( ) (Staff B and C).

Findings included:

On at 11:17 AM Staff B stated ""No, I do not know what a ( )" is.

On at 10:41 AM Staff C stated "Yes, I know a is a form of First Aid."

A review of Staff B's employee filed showed the staff received the training ( ) on . A review of Staff C's employee filed showed the staff received the training ( ) on .

On at 12:00 PM the Administrator stated "Staff C said that she gets nervous and she forgot about the training."

Class III

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

Based on Observation, record review, and interview, the facility failed to have updated health assessment completed by healthcare provider after a significant change for 1 out of 5 sampled residents (Resident #3).

Findings included:

A review of Resident #3's health assessment dated , documented medical history and

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SUMMARY STATEMENT OF DEFICIENCIES
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diagnoses: , , , , , , incontinence. Physical or sensory limitations: bedridden, no or behavioral status: poor memory, alert. Nursing/treatment/ , , services requirements: Hospice. The resident requires total care with ambulation, bathing, dressing, and assistance with eating. There was no documentation on the type of assistance the resident needed with self-care ( ), toileting, and transferring. Per health assessment the resident does not have any wounds. The resident needs medication administration.

A review of Resident #3's hospice plan of care dated documented: the resident is bedbound. The resident has a deep tissue injury on both left and right heel , , care done 3 x a week (MWF).

On at 10:47 AM Nurse from hospice arrived to the facility for care to Resident #3.

On at 10:50 AM nurse from hospice stated "Resident #3 has a deep tissue injury on both right and left heel. The care is done 3 x a week."

Class III