STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968667	10/24/2018
NAME OF PROVIDER OR SUPPLIER **M TRIANAS ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9024 SW 21 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A standard biennial was conducted on [redacted] and concluded on [redacted]. M Trianas ALF, Corp. (license 12578) had the following deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide proof of written notes after a significant changes to one of seven sampled residents (Resident 7).

Findings included:

Review of previous Resident 7's record showed an admission date [redacted]. Last health assessment with a diagnoses of [redacted], gait disturbance, [redacted] and dyshpidemia. Records showed no progress notes stating when the resident went into hospice.

On [redacted], 2018 at 10:20 AM, the Administrator acknowledged that the notes were not written on the resident's file.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52(4-5),58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint in writing an assistant administrator for one of the three facilities that the current Administrator managed.

Findings included:

Review of the facility roster in the system showed that the Administrator of the facility was also administrator for two other facilities within 15 miles of each other. Records showed one assistant administrator in one of the other two facilities.

On [redacted], 2018 at 3:00 PM, the Administrator stated, "We will appoint another manager in the other facility, I know that we have one in the other one."

Class III

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NAME OF PROVIDER OR SUPPLIER **M TRIANAS ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9024 SW 21 TERRACE** **MIAMI, FL 33165**	

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

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

Based on record review and interview, the facility failed to ensure that one of four sampled staff (Staff C) understood the facility's policies and procedures regarding [redacted].

Findings included:

Review of Staff C's records showed a [redacted] policies and procedures training dated [redacted].

On [redacted], 2018 at 2:22 PM, Staff C stated, "I know what [redacted] is but I do not know who has it here."

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to prepare and serve therapeutic diets as ordered by the health care provided for two of seven sampled residents (Residents 3 and 4).

Findings included:

Review of Resident 3's records an order, "Feed patient puree" dated [redacted].

Review of Resident 4's records showed a health assessment dated [redacted] with special diet instructions: "No salt added, provide puree food."

On [redacted], 2018 at 10:15 AM, Staff C stated, "We have two residents with puree diet, Resident 1 in hospice and Resident 3; for breakfast, whatever is in the menu we make it puree for Resident 3 but I have also given her toast sometimes, I put the bread inside the café con leche so it is not hard."

On [redacted], 2018 at 11:04 AM, Staff C stated, "Resident 4 has good appetite; eats what we have on the menu; she eats the rice, beans and any meats on the menu."

Class III

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

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NAME OF PROVIDER OR SUPPLIER **M TRIANAS ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9024 SW 21 TERRACE** **MIAMI, FL 33165**	

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

Based on observation and interview, the facility failed to maintain a safe, free of hazards environment for two of seven sampled residents (Residents 2 and 5).

Findings included:

On , 2018 at 7:30 AM, observed inside , a tall chest with personal items for both residents sharing the . The chest had no knobs, making it very hard to open.

On , 2018 at 7:30 AM, Resident 5 stated, "I do not understand, it should have a knob to be able to open it."

Class III

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

Based on record review and interview, the facility failed to provide proof of the hospice records and a prescription for hospice services for one of seven sampled residents (Resident 7).

Findings included:

Review of Resident 7's record showed an admission date . The last health assessment dated with a diagnoses of , , gait disturbance, , and dyshpidemia.

Records showed the facility did not have a hospice order or records from hospice for Resident 7.

On , 2018 at 10:20 AM, the Administrator stated, "The hospice people took the notes."

Class III