

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966825	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING III	STREET ADDRESS, CITY, STATE, ZIP CODE 15242 SW 16TH TERRACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on _____, _____, Miramar Senior Living III (license #10972) had the following deficiencies identified at time of the survey:

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have a written statement from a health care provider documenting that a negative _____ examination documented on an annual basis for three out of three (A & E) sampled staff.

Findings included:

Review of the facility's employee files revealed that Staff A hired on _____ and Staff E hired on _____ did not have evidence of a negative _____ examination documented on an annual basis in file. Staff A last documentation was dated _____ -18 negative. Staff E's last documentation was dated _____ -18 negative. Both staff members _____ exams had expired.

On _____ at 3:00 PM the Administrator confirmed finding that all staff had expired _____ exams.

Class III

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

Based on record review and interview, the facility failed to have the 2 hours required of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for three out of five (B, C, and E) sampled staff .

Finding included:

Review found Staff B (hired _____) 4 hrs medication training was dated _____ and the 2 hrs was dated _____, Staff C (hired _____) 4 hrs medication training was dated _____ did not have the 2 hrs update. Staff E (hired _____) 4 hrs medication training was dated _____ which expired on _____ did not have the 2 hrs update. Staff B, C, and E did not have additional 2 hours training required as of _____.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966825	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING III	STREET ADDRESS, CITY, STATE, ZIP CODE 15242 SW 16TH TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at 3:20 PM with Administrator stated, "I will have everyone do the training." Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on record review and interview, the facility failed to provide a safe and decent living environment for six out of six (#) sampled residents. Findings included: On at 9:00 AM found the bathroom with missing toilet seats and a ceiling vent filled with dust in the living room. On at 3:30 PM the Administrator acknowledge the bathrooms had missing toilet seat and that the vent needed to be cleaned. 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 emergency environmental control plan. Findings included: The facility tour on at 9:30 AM found there was no fuel onsite and any monoxide detectors. The facility had not a develop and implement written policies and procedures to ensure that the assisted living facility can 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 had no documentation that the residents were notified of the implementation of the plan. On a 3:30 PM the Administrator stated "I will contact a consultant to get the information and I will get the fuel and the monoxide detector." Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/03/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966825	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING III	STREET ADDRESS, CITY, STATE, ZIP CODE 15242 SW 16TH TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		