

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969444	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER PLAZA AT PARKSQUARE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2950 NE 207 STREET AVENTURA, FL 33180	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An initial licensure survey was conducted on _____ and concluded on _____ at The Plaza at Parksquare. Deficient practice was identified during the survey. 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on record review and interview the facility failed to submit a notice of change of administrator to the Agency within 10 days of hiring the new administrator. Findings included: Personnel record review found the listed Administrator on the initial application did not have a record available for review. On _____ at 10:05 he stated, "Staff A will be the actual Administrator. The change of administrator form was completed at time of survey. On _____ at 9:00 AM the change of administrator form was approved by the licensure unit. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969444	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER PLAZA AT PARKSQUARE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2950 NE 207 STREET AVENTURA, FL 33180	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An initial licensure survey was conducted on and concluded on at The Plaza at Parksquare. Deficient practice was identified during the survey. 0077 - Staffing Standards - Administrators - 429.176 FS; 429.52(), 58A-5.019(1) FAC Based on record review and interview the facility failed to submit a notice of change of administrator to the Agency within 10 days of hiring the new administrator. Findings included: Personnel record review found the listed Administrator on the initial application did not have a record available for review. On at 10:05 he stated, "Staff A will be the actual Administrator. The change of administrator form was completed at time of survey. On at 9:00 AM the change of administrator form was approved by the licensure unit. Class III		