STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

0000 - Initial Comments

A Limited Mental Health Component Expansion Survey was conducted on , and concluded on . Prestige Care Aventura LLC (license #12991) had the following deficiencies identified at time of the survey:

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure seven out of seven (A, B, C, D, E, F, & G) had the attestation of compliance in their file.

Findings included:

Review of all of the employee file found Staff A, B, C, D, E, F, & G did not have the background screening attestation of compliance in their files.

On at 11:00 AM Staff D confirmed findings after review and stated, she would let the administrator know.

Class III

Based on observation, record review, and interview the facility failed to be in compliance with the emergency environmental control plan.

Findings included:

On at 10:30 AM the facility did not have enough fuel onsite for 48 hours, and the generator was not stored 10 away from the facility.

The facility did not have documentation that the residents were notified of the implementation of the plan.

On 10:30 AM the Administrator stated, "I have to get more fuel. I emailed the family the documentation on the plan, but I will print it out."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview the facility failed to have documentation required to add the Limited Mental Health component to the license.

Findings included:

Review of the facility records found no documentation of Limited Mental Health policies and procedures, the required mental health forms such as the community living support plan and the agreement paperwork

On at 10:30 AM with Administrator stated, "I do not have it."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**11/19/2018**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to ensure seven out of seven (A, B, C, D, E, F, & G) had the attestation of compliance in their files.

Findings included:

Review of all of the employee file found Staff A, B, C, D, E, F, & G did not have the background screening attestation of compliance in their files.

On at 11:00 AM Staff D confirmed findings after review and stated, she would let the administrator know.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview the facility failed to have seven out of seven (A, B, C, D, E, F, and G) sampled staff listed on the background screening's roster.

Findings included:

Observation on at 9:30 AM found a two staff members working in the facility preparing the meals and assisting the residents.

A search on of the background screening database found Staff A, B, C, D, E, F, & G were not listed on the employee roster.

On at 10:45 AM the Administrator stated, "I do not know what that is."

Unclassified