

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968430	(X3) DATE SURVEY COMPLETED R 12/11/2018
NAME OF PROVIDER OR SUPPLIER VICTORIA'S DEDICATED RETIREMENT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6890 SW 39 TERR MIAMI, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow up to a standard biennial relicensure survey was conducted on and concluded on at Victoria's Retirement Home Inc. with Limited Mental Health component. 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 had appointed a Manager that successful passed the CORE exam within 90 days of hire. Findings included: Review of the health finder database revealed the administrator supervised other facility. The facility appointed a manger, Staff B hired on Record review found Staff B did have evidence that she successful passed the CORE exam within 90 days of becoming the manager. On at 11:00 AM Staff B stated that she had taken the test for The CORE a few days ago and she did not pass the exam. Uncorrected Class III		