STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R 12/05/2018
NAME OF PROVIDER OR SUPPLIER **SENIOR RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3033 SW 6 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Complaint (CCR#2018013049) Survey Revisit was conducted on 05, 2018. Senior Retirement Home, Inc. had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to provide proof of satisfactory fire and sanitation annual inspections.

Findings included:

Review of the fire inspection revealed that it was conducted on stated the facility was given 6 months to install fire alarm system.

On at 9:35 AM the owner stated she got someone to install the alarm for $2200.00 and that she already had the permits.

Review of the health inspection revealed it was conducted on .

On at 9:27 AM the Administrator stated that they already paid for the sanitation inspection but they had no come yet and provided the payment receipt. Review of the payment receipt revealed that it was paid on .

Uncorrected Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview the facility failed to arrange medical care for one out of seven sampled residents (#1) sampled who had multiple and was admitted to the hospital with severe . Resident #1 later . Facility failed to provide proof of training documentation that staff received updated training on facility policies and procedures related to admission criteria.

Findings included:

Resident #1 was admitted to the hospital on with a diagnosis of severe and . Records stated Resident #1 was bed bound and . Hospital records revealed the admission

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911859	R 12/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR RETIREMENT HOME, INC	**3033 SW 6 STREET MIAMI, FL 33135**

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

nursing assessment stated the resident had , upon admission. On photographic evidence from the hospital dated showed resident had multiple , : one on left , , one on right , , a in the , an on right , and a left closed .

Review of Resident #1's record revealed there were no notes stating that the resident had , and no notes stating she was receiving care and what the facility had done to avoid worsening of the , .

On at 9:37 AM the owner stated onshe is meeting with the consultant today to have the new training and review the policies and procedures.

On at 10:14 AM the Administrator stated that the consultant talked to the staff but she was unsure if she had done any certificate.

Review of the employee records revealed that there were no new training certificates.

Class III