

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968667	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER M TRIANAS ALF, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9024 SW 21 TERRACE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial revisit was conducted on M Trianas ALF, Corp. (license 12578) had the following deficiencies identified at the time of the survey: 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC Based on observation, record review, and interview, the facility failed to discharge a resident that no longer met continued residency criteria for one out of six (Resident #3) sampled residents. Findings included: Observation on at 12:00 PM found a staff member was feeding Resident #3. Interview conducted on at 11:25 PM, the Administrator stated Resident #3 was unable to assist with her own transfer. Review of Resident #3's record showed she was diagnosed with , Gait Disturbance, and The health assessment completed on documented she required supervision with , eating and toileting, and assistance with ambulation, grooming and transferring. Class III		

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

Based on record review, observation, and interview, the facility failed to maintain and update its background screening employee roster as required 1 of 6 sampled staff (Staff A).

Findings included:

Observed Staff A working at the facility at the time of survey.

A record review revealed Staff A was removed from the employee roster, but was still working at the facility. Staff A was hired on and ended on

In an interview on at 11:50 AM, the Administrator stated she wasn't sure why Staff A was removed from the roster because she is a current employee.

Unclassified