

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

0000 - Initial Comments

A Standard Revisit survey was conducted on 01/02/19 at Flamingo Care LLC with a Limited Mental Health. The facility Flamingo Care LLC had deficiencies identified at time of the survey:

0008 - Admissions - Health Assessment - 429.26() FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to have an updated health assessment for one of four (5) sampled residents.

Findings included:

Record review revealed that Resident #5 had a health assessment dated However, the facility admitted Resident #5 on

On at 3:59 pm, the Administrator stated that Resident #5 could have a health assessment with a different of 30 days of her admission.

Uncorrected
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep medications locked for two (#1 and #2) of four sampled residents.

Findings included:

Observation on at 9:00 am showed medications (. softener 100 mg, Ibuprophen 200 mg, cream relieve 200mg and 2%) in # These medications belonged to Resident #1, and they were unattended and unlocked.

Observation on at 9:00 am showed medications (. 0.1% and relief cream 119 gram) in # These medications belonged to Resident #2, and they were unattended and unlocked.

On at 9:05 am, Staff C stated, "These medications belong to Residents #1 and #2."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Findings Included: Observation on at 12:00 pm showed that there was a staffing pattern dated On 1/2/19 at 12:20 pm Staff A stated that she needed to update the staffing pattern. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on record review and interview the facility failed to have an updated menu. Findings included: The facility had a menu posted dated - at the bottom of the menu. At the top of the menu, it has; however, further interview revealed that the facility had a documentation signed per Dietitian showed, "I have reviewed the menus of the - and they comply with the requirements of AHCA and the 2015-2020 Dietary Guidelines. In addition, it stated, "I will contact you in to review the menus for 2019." On at 3:23 pm, Staff A stated that according to an assisted living facility association, the facilities have 72 hours to correct deficiencies by sending the documents. She stated 'I could have time to call my Dietitian and asked her to send me the update menu.' Uncorrected Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation, record review and interview, the facility failed to provide a safe and clean living environment.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 01/02/2019
---------------------------	---	--

NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162
--	--

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

Findings included:

During the facility tour on at 9:00 am, observed that the backyard furniture was dirty. In addition, there was a section next to the door leading to the backyard showing tiles debris, a plastic can and two cats.

During an interview on at 9:00 am, Staff C stated that the two cats do not belong to the facility, and they just fed them.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review and interview, the facility failed to have an update Admission/ Discharge log.

Findings included:

Observation on at 8:30 am showed that Resident #5 was eating breakfast at the dining room.

Record review revealed that Resident #5 had a contract signed on However, the facility admission/discharge log was missing Resident #5's name.

Interview on at 9:00 am Staff C and D revealed that Resident #5 was a new resident.

Class III

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

Based on observation, record review, and interview, the facility failed to have an updated printout of the background screening level 2 for 2 of 11 sampled staff (G and K).

Findings included:

Record review revealed that Staff G (hired) had a Level II Background Screening dated that stated, "Awaiting Privacy Policy." In addition, AHCA's background screening database reflected, Staff G's status as "Eligible."

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review revealed that Staff K (hired), had a Background Screening dated that stated, "Awaiting Privacy Policy." In addition, AHCA's background screening database reflected, Staff K's status as "Eligible." On at 11:00 am, Staff A confirmed that Staff G and K did not have an updated, printed background screening result on file. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 01/02/2019
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

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

Based on observation, record review and interview, the facility failed to maintain an updated roster in the background screening clearinghouse. Staff J, who had stopped working at the facility a month earlier, was still listed.

Findings included:

Record review revealed that the facility's roster in the Background Screening Clearinghouse database reflected Staff J (hired ...) listed on the facility's roster.

Record review revealed that the staffing pattern showed ... as Staff J's last date working in the facility. In addition, the staffing pattern reflected Staff J's names scratched out with a pen after that.

On ... at 9:30 am Staff C and D stated that Staff J had not been working in facility since two weeks ago.

Uncorrected
Unclassified