STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965091	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **MARILIN ADULT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7312 SW 16 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Follow Up Visit to a Complaint (CCR 2018013481) Survey was conducted on . Marilin Adult Living Facility, Inc. had deficiencies identified at the time of the visit.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review an interview, the facility failed to have an accurate health assessment for one out of nine sampled residents (#4).

Findings included:

On at 8:10 AM Staff F stated, "she has a , but it is really small."

On at 8:16 AM Staff B stated, "Hospice nurse comes and administers her medication."

Review of Resident #4's health assessment completed on revealed the resident had no and required assistance with self-administration of medications.

On at 8:30 AM a Registered Nurse from hospice arrived to perform care for Resident #4. She stated, "The is getting small and still is a . We do care every day."

Uncorrected Class III