| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968017** | **02/01/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**PEACE AND CARE OF MIAMI LAKES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15301 DURNFORD DRIVE**<br>**MIAMI LAKES, FL 33014** | |

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

**0000 - Initial Comments**

A complaint (CCR# 2018018381) survey was conducted on and concluded on . Peace and Care of Miami Lakes with Limited Mental Health (LMH) component, had deficiencies at time of the survey:

**0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC**

Based on record review and interview, the facility failed to have a manager that operate and maintenance, the facility including the management of all staff and the provision of appropriate care to all residents.

Finding included:

Observation on at 9:30 am revealed Staff E was not in the facility at the time of the survey.

Record review revealed Staff E (hired ) as the administrator assistant on the background screening database.

Interview on at 10:30 am Staff A stated, "Staff E is the administrator assistant of the facility."

Interview on at 3:19 pm Staff E could not provide the phone and address information of the facility. Staff E did not know the name of the residents and staffing. In addition, Staff E did not know the date of the last survey and/or deficiency.

Class III

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

Based on observation, record review, and interview the facility failed to have an updated health assessment and documentation for one (#1) of five sampled residents.

Findings included:

Observation on at 11:00 am found Resident #1 sitting at the common area.

Resident #1's health assessment (dated ) reflected a care (left , ). Further

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968017** | **02/01/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**PEACE AND CARE OF MIAMI LAKES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15301 DURNFORD DRIVE**<br>**MIAMI LAKES, FL 33014** | |

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

review revealed Resident #3 did not have progress notes or home health documents regarding care.

Interview on at 11:30 am Staff A stated, "She has no ; it has to be a mistake. I will call her doctor to review the health assessment again."

Class III