STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910987	**02/04/2019**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **7930 SW 11 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . . Maggie's Retirement Home with Extended Congregate Care and Limited Mental Health components had deficiencies identified at time of survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have a copy of the annual satisfactory sanitation inspection.

Findings included:

Record review revealed the last sanitation inspection was dated .

On at 11:25 AM Staff K stated, "they have to come."

Class III

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 high school diploma or equivalent in file for the Assistant Administrator.

Findings included:

Review of the facility's personnel files on showed that the facility did not have a high school diploma on file for the Assistant Administrator, who was hired on .

In an interview on at 3:05 PM, the Owner stated "She is just the manager."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have a written statement from a health care provider documenting that one out of nine sampled staff (Staff I) does not have any signs or symptoms

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of communicable .

Findings included:

Review of the facility's personnel files on showed that the facility did not have a communicable and statement in file for Staff I who was hired on .

In an interview on at 3:05 PM the Owner acknowledged the findings that the facility did not have the documentation.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on record review and interview, the facility failed to proof that one out of nine sampled staff (the Assistant Administrator) had successfully passed the core competency test.

Findings included:

Review of the facility's personnel files on showed that the facility did not have proof of passing the Core Training exam on file for the Assistant Administrator who was hired on and listed on the Facility roster as such. A review of the list of successful examinees database revealed that the Assistant Administrator 's name was not listed in the database.

In an interview on at 3:05 PM, the Owner stated "She is just the manager."

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide to four out of nine sampled staff (Staff B, C, H, and I) who provided direct care to its residents at least 2 hours of a pre-service orientation training. The facility also failed to provide at least 1 hour in-service training regarding the facility's resident elopement response policies and procedures and nutrition training within thirty (30) days of employment.

Findings included:

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Review of the facility's personnel files on showed that the facility did not have a 2 hours pre-service orientation training certificate in file for Staff B hired on , Staff C hired on , Staff H hired on , and Staff I hired on .

Further review of the facility's personnel file showed no documentation of a one hour elopement training and 1 hour of nutrition training on file for Staff I.

In an interview on at 3:05 PM, the Owner said "okay."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations, record review, and interview the facility failed to provided to one out of nine sampled staff (Staff I) who provided direct care to its residents at least one hour of training in the facility's policy and procedures regarding ( ) training within 30 days after employment.

Findings included:

Review of the facility's personnel files on showed that the facility did not have a one hour of training certificate in file for Staff I who was hired on .

In an interview on at 3:05 PM the Owner acknowledged the findings that the facility did not have the document.

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4); 624.605(1)

Based on record review and interview the facility failed to maintain the liability insurance coverage in force at all times.

Findings included:

Review of the liability insurance revealed that it covered from to .

On at 11:30 AM Staff K stated, "I have the liability together with the other facility and since the

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deficiencies have not been cleared in the system yet, the insurance company will not renew it."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on record review and interview the facility failed to provide a safe living environment free of hazards.

Findings included:

During tour of the facility on at 9:20 AM observed that there was debris, cut dried branches, garbage bags, an old big screen TV and old furniture in the side yard (resident have no access to it). Observed that 5 out of the 8 bathrooms had a mold like substance in between the tiles.

On at 9:25 AM Staff B stated that the facility was being fixed and that they accumulate the trash there and then they will put it in a truck to take it to the landfield.

On at 10:15 AM Staff B stated they are going to remove the old grout from the bathrooms and put new grout.

Class III

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

Based on record review and interview, the facility failed to ensure that two out of nine sampled staff (the Assistant Administrator and Staff G) had a job description in file.

Findings included:

Review of the facility's personnel files on showed that the facility did not have a job description in file for the Assistant Administrator hired on and Staff G hired on .

In an interview on at 3:05 PM the Owner acknowledged the findings that the facility did not have the documents.

Class III

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

Based on record review and interview the facility failed to have the most current hospice care plan for three out of 11 sampled residents (#1, # 3, and # 4).

Findings included:

Record review revealed the last hospice care plan for Resident # 1 was dated . . . . . , for Resident #3 was dated . . and for Resident #4 was dated . . . .

On at 11:00 AM Staff B stated that she was going to call the hospice nurse to bring the most recent care plans.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview the facility failed to be in compliance with the emergency power plan.

Findings included:

Review of health finder database revealed the facility had an extension until to install a fixed generator.

On . . . . at 11:15 AM Staff K stated that they were waiting for the permits to install the fixed generator and that in the meantime she had 2 fixed generators in case of an emergency. The facility could not provide any documentation that the Agency licensure unit was updated on the progress of the fixed generator.

On at 11:20 AM observed 2 portable generators in the second building. At 11:15 AM observed 13 small propane tanks of 5 gallons each, 3 were empty and 10 were full.

Class III

E210 - ECC - Training - 58A-5.0191(8) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview the facility failed to ensure that Administrator completed a 4 hours of continuing education every two years in topics relating to the physical, , , or social needs of frail elderly and persons, or persons with 's or related .

Findings included:

Review of the personnel record of the Administrator revealed that the last 4 hours of continuing education for extended congregate care was dated .

On at 11:20 AM Staff B stated that the Administrator would complete the new training.

Class III