| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968471** | **02/20/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**MOON RIVER ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2811 NW 88 STREET**<br>**MIAMI, FL 33147** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on . Moon River ALF, Llc. with Limited Nursing Services component had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis for one out of four sampled staff (D).

Findings included:

Review of Staff D's record revealed that the last negative statement was dated . The facility did not have a updated statement on file.

On at 11:20 AM the Administrator stated, "She has to go to have a new one done."

Class III

**0082 - Training - / - 58A-5.0191(4) FAC**

Based on record review and interview the facility failed to have the / training within 30 days of being hired for two out of four sampled staff (B and D).

Findings included:

Review of the personnel records revealed Staff B was hired on and Staff D was hired on . Staff B and D did not have the / training certificate.

On at 11:15 AM the Administrator stated, "Staff B should have it because we had surveys before and never had that problem. Staff D needs to take the training. I thought that she had done it with my consultant."

Class III

**L240 - LMH - Licensing - 429.075; 58A-5.029 (1)(a)**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968471** | **02/20/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**MOON RIVER ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2811 NW 88 STREET**<br>**MIAMI, FL 33147** | |

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

Based on record review and interview the facility who serves one or more mental health residents failed to obtain a limited mental health license.

Findings included:

Review of Resident #4's record revealed the resident has a diagnosis of , , and major , , and received , , ( ).

Review of the medication observation record revealed Resident #4 was taking , , SR 100 mg daily ( , ) and , 20 mg at bedtime for a diagnosis of , , Unspecified.

On at 11:45 AM the Administrator stated that she used to have the limited mental health component and removed it because the owner of another assisted living had told her that the limited nursing services also covered the limited mental health residents.

Class III