

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted] Miramar Senior Living, Inc. with a standard license, had the following deficiencies identified at the time of survey:

0052 - Medication - Assistance with Self-Admin - 429.256(); 58A-5.0185 (3)

Based on observation and record review, the facility failed to follow the correct procedure outlined by the state when assisting with self-administration of medications for one of four sampled residents (Resident 2).

Findings included:

On [redacted] at 1:10 PM, observed Staff B getting the medication for Resident 2. Staff B had a glass of water and the medication scheduled for 2:00 PM, [redacted] Sulf Tab 325 mg. Staff placed on gloves and told the resident the medication name, gave him the cup of water but touched the medication with the [redacted] when transferring the medication from the card to the small cup.

The administrator's father acknowledged the findings that staff touched the medications.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to assure that the Medication Observation Record (MOR) was immediately updated after each time the medication was taken by the residents. The facility also failed to ensure that medications were given one hour before or after the scheduled time on the MOR.

Findings included:

On [redacted] at 7:25 AM, Staff B stated that all medications for the morning had been given already to all residents.

Review of the medication cards for all residents showed that all medications for 8:00 AM had been given. Review of the MOR showed the medications for 8:00 AM were not initiated.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On [redacted] at 7:40 AM, Staff B stated, "I have not initialed the medications for this morning. I gave the medications at 6:30 am." Class III 0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC Based on observation and interview, the facility failed to ensue that resident medication was centrally stored and that the medication was only used by the resident. Findings included: On [redacted] at 7:50 AM, observed a prescribed medication labeled for Resident 2 on top of the kitchen cabinet, [redacted] 8% solution (Apply to [redacted] nails once per day). On [redacted] at 7:52 AM, Staff B stated, "This is for me, he gave it to me, I use it for my nails; that is why it is outside." 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 provide proof of the 12 hours continuing education in topics related to assisted living that is required every 2 years. Further more, due to the facility's administrator not having the continuing education, the facility's administrator must retake the Core training and pass the test. Findings included: Review of the Administrator's record showed a hire date [redacted] and a passed Core exam dated [redacted]. The records did not have proof of 2 hours continuing education in topic related to assisted living in the last two years. On [redacted] at 1:20 PM The administrator's father stated that if the certificate was not on file, it was not done. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC Based on record review and interview, the facility failed to provide proof of an original sealed certificate for Nutrition and Food Service training for three of six sampled staff (Staff B, C and D). Findings included: Review of Staff B, C and D's records showed a Nutrition and Food Service training signed and dated on _____ to _____ by a licensed nutritionist without the trainer's seal. On _____ at 9:30 am, the administrator's father stated, "We need to re-do the training so I will make sure that we receive the ones with the seal." Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview, the facility failed to maintain a 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve; this food must be on _____ at all times and must be based on the resident census. Findings included: On _____ at 7:35 AM, observe at the kitchen cabinet the 3-day reserve emergency food very low with only fruits and vegetables and some of the cans were expired. Protein was not available. On _____ at 1:20 PM, the administrator's father stated, "I will make sure that we purchase enough can foods and that we discard all those expired cans." Class III 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the facility failed to file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to at least one of four sampled residents (Resident 2).		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185
--	---

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

Findings included:

On , , at 8:15 AM, Resident 2 stated, "The state pays the facility directly."

Review of the facility's records did not show a surety bond. The administrator's father stated that for sure at least Resident 2's rent was sent under the facility's name and that he would make sure that the surety bond was done.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment to all residents.

Findings included:

On , , at 7:30 AM, observed at the facility's garage located by the kitchen, a black cat with a container of water and another container with food.

On , , at 7:30 AM, Staff B stated, "I give him food and water."

After the administrator's father arrived and the issue was discussed, he stated that the cat belonged to the neighbor. The neighbor came to let the staff know that the cat was registered but she did not have the papers, but gave the information to the staff so they could request it. The staff stated they were going to get the papers.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to provide documentation of an approved Comprehensive Emergency Management Plan (CEMP) letter by the local agency.

Findings included:

Review of the facility's approved inspections and current documents did not included the current approved CEMP letter from the local agency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On 02/20/2019 at 9:30 am, the administrator's father stated, "No, we do not have it." Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation and interview, the facility failed to provide _____ monoxide detectors at the facility which will be used in conjunction with the alternate power source. The facility was unable to show proof of how much fuel was needed to support 48 hours of use. The facility also failed to implement the plan by the deadline. Findings included: On 02/20/2019 at 7:30 AM, observed inside the garage, a portable generator and three fuel tanks of 5 gallons each. The facility did not have the required _____ monoxide detectors. On 02/20/2019 at 11:00 AM, the administrator's father could not tell how much fuel was needed for 48 hours and stated, "We need to get the generator documents and we'll figure it out but I am sure that what we have it is enough." Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966897	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 14934 SW 32 TERRACE MIAMI, FL 33185	

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

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

Based on record review and interview, the facility failed to update the status on the background screening's clearinghouse for two of six staff members who no longer worked at the facility (Staff E and F).

Findings included:

Record review of the background screening's clearinghouse for the facility showed Staff E (hire date) and Staff F (.....).

Review of the staffing schedule for the month of showed only Staff A, B, C and D scheduled to work. Staff B stated Staff E and F were no longer working.

On at 9:00 AM, the administrator's father confirmed that both staff were no longer working at the facility.

Unclassified