STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966955	**03/21/2019**
NAME OF PROVIDER OR SUPPLIER **MAJESTIC SENIOR CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15347 SW 179 TERRACE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . . . Majestic Senior Care ALF with Limited Mental Health component had the following deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview the facility failed to honor 1 out of 6 (Resident #3) resident rights by using full bed rails.

Findings as follow:

On . . . . . at 9:15 AM Resident #3 was observed in bed with full bedrails in upright position.

On . . . . . at 2:50 PM the Assistant Administrator stated the facility had the prescription for Resident #3 because she was in hospice but was unable to provide the documentation.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review and interview the facility failed to conduct at least 2 elopement drills per year.

Findings as follow:

Record review showed the facility's last elopement drill was conducted on . . . . . .

On . . . . . at and Staff B and C interviewed could not say what the elopement drills were.

Class III

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

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

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Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for 1 out of 4 (Staff A).

Findings as follow:

Record review showed Staff A's last freedom from statement was dated .

On at 2:40 PM the Assistant Administrator stated will tell the Administrator about missing statement.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 9:15 AM Staff B was observed in facility alone with a census of 6 residents.

Review of the staffing schedule for showed Staff A and Staff B were scheduled to work. Staff A from 9 am to 6 PM and Staff B from 7 am to 7 PM.

On at 9:40 AM the Administrator stated through a phone call that she was traveling out from Miami.

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 have the Administrator trained in 12 hours of CORE continuing education in the last two years. The administrator must retake the assisted living facility core training; and retake and pass the competency test.

Findings as follow:

Record review showed the Administrator passed successfully the CORE competency test on

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. The facility failed to show that the Administrator received 12 hours of continuing education in topics related to assisted living every 2 years.

On . . . . . at 2:30 PM the Assistant Administrator stated would tell the Administrator about the missing training.

Class III

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

Based on observation and interview the facility failed to keep a safe and decent environment.

Findings as follow:

On . . . . . at 9:30 AM observed the bath next to . . # . have the bottom part of the wall next to the toilet with a black stain. Sofas in the covered patio and in facility had peeled leather showing white spots. The floor in the covered patio was not paint showing white spots. The emergency water and gasoline containers were sharing the same shell (gas containers were empty and placed over the water containers). The screen in the covered patio was ripped and loose. A chair in the dining room was missing an arm. The door of the cabinet under the kitchen sink was loose. The front top of a drawer in the kitchen was missing.

On . . . . . at 2:15 PM Staff B stated the owner was planning to remodel the whole house.

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 as follow:

On at 9:30 AM observed the facility had no fuel stored to keep the generator working for at least 48 hours. The facility did not have a . . . . monoxide detector installed.

Record review showed the facility failed to inform residents (Residents #1, #2, #3, #4 , #5 and #6) about the Emergency Power Plan implementation. Further review showed the facility had no a plan

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implemented to test and maintain the generator.

On at 2:40 PM the Assistant Administrator acknowledged the facility had no gasoline stored, they failed to implement a maintenance and testing plan for the generator and they failed to inform each resident about the Emergency Power Plan implementation. The Assistant Administrator stated the facility bought the monoxide detectors and showed them still in their original package.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview the facility failed to have 1 out of 4 (Staff A) trained in working with limited mental health 3 hours of continuing education.

Findings as follow:

Record review showed Staff A's last Limited mental health training (3 hours) was conducted on

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On at 2:40 PM the Assistant Administrator acknowledged the Administrator needed a 3 hour continuing education training update.

Class III

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to conduct a background screening to 1 out of 4 (Staff C) sampled staff who had 90 day break in service.

Findings as follow:

Record review showed Staff C was hired on . The background database review revealed Staff C's level 2 background screening was conducted on .

On at 1:00 PM Staff C stated she worked in the facility since 2012 and stopped working there for about a year to stay home. She stated she returned to work on .

On at 2:30 PM the Assistant Administrator stated this will be reported to Administrator that Staff C needed a new background screening.

Unclassified