STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964797	R 03/19/2019
NAME OF PROVIDER OR SUPPLIER **MIAMI-DADE COUNTY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1150 NW 11 STREET ROAD** **MIAMI, FL 33136**	

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

0000 - Initial Comments

A Complaint (CCR# 2018017282) Survey Revisit was conducted on 19, 2019. Miami- Dade County with Extended Congregate Care component had 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 respect the rights of residents who did not smoke.

Findings included:

On at 1:07 PM Resident #1 that she had been told that in the 7th floor there was a resident that smoked in her room.

On at 1:12 PM in # there was a strong smell of cigarette.

On at 1:12 PM Resident #6 stated that she had not smoked in the room, that she had been given the letter.

On at 1:13 PM Staff D told Resident # 6, "Yes you were smoking here. We already told you not to do it."

On at 2:10 PM Staff C stated, "I have seen her with the cigarette in her and told her that she is smoking and she tells me that she is not smoking. She is not right in her ."

Uncorrected 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 free of hazards and ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings included:

On during tour of the facility at 12:45 PM observed multiple chairs with peeling and chipped

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fabric on the first floor.

On at 12:45 PM Staff D stated, "The recliners in the first floor had not been changed." She stated that the order for new recliners had been done but that the county would take 2 months to replace them.

On at 1:17 PM in # observed black stain in the floor and a rust stain.

On at 1:17 PM Staff D stated, "The rust is from her recliner and the black stain is because the resident used to dye her hair herself. I will tell maintenance to clean it."

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to provide evidence that they had notified the residents or the resident representatives in written of the implementation of the emergency power plan.

Findings included:

Record review revealed the facility failed to provide documentation that the facility had contacted the residents or their representative in written of the implementation of the emergency power plan.

On at 2:35 PM Staff D brought a form dated that informed the residents or representatives of the approval of the plan. She stated that it was sent to the residents and the families but it had been not signed.

Uncorrected Class III