

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to have an eligible level II background screening for one out of five sampled staff who provided direct care and services to the residents (Staff G).

Findings Included:

A review of the facility's employees' files on _____ revealed that Staff G, hired on _____, had an expired documentation of an eligible level II Background Screening result on file dated _____. Review of the facility's staffing pattern showed that Staff G was scheduled to work on _____, _____, _____, and _____.

A review of the Background Screening (BGS) Database on _____ stated "a new screening is required" for Staff G.

During an interview on _____ at 10:31 AM, the Administrator stated "Staff G helps me, but in this moment she does not work because she needs to do the _____ print."

During an interview on _____ at 3:24 PM, the Administrator stated "Oh I have to renew it, I did not know her BGS was expired. I will go with her tomorrow."

Unclassified

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Re-licensure and a Complaint Investigation (2019004494) Survey was conducted at Miramar Senior Living VI on and concluded on Deficiencies were identified at the time of the survey: 0004 - Licensure - Requirements - 58A-5.016 FAC Based on record review and interview, the facility failed to provide documentation of a current annual sanitation inspection. Findings Included: A review of the facility's inspection records on revealed that its annual sanitation report was dated , and expired on On at 3:32 PM the Administrator stated "They already came and we pass the inspection. I am just waiting for the report." Class III 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on record review and interview, the facility failed to have written documentation after one of six sampled residents (Resident #2) was admitted to the hospital. Findings Included: A review of the Medical Records Observation (MOR) on revealed Resident #2 was hospitalized from to Review of Resident #2's file showed that last progress notes was dated There was no progress notes regarding the resident's hospitalization. In an interview on at 3:32 PM, the Administrator stated "that is correct." Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS Based on record review and interview, the facility failed to have hospice services documentation for one out of six sampled residents (Resident #1). Findings Included: A review of Resident #1's file on _____ revealed that the facility had three plan of care dated _____ for hospice care. There was no plan of care in file for the month of _____. In an interview on _____ at 3:32 PM, the Assistant Administrator stated "okay." Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, the facility failed to have an evidence of a negative _____ examination documented on an annual basis for two out of seven sampled staff (Staff F and G). Findings Included: Review of the facility's personnel files on _____ showed that the facility had an expired statement in file for Staff F dated _____ - expired on _____ and Staff G dated _____ - expired on _____. In an interview on _____ at 3:34 PM, the Administrator said "okay." Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and interview, the facility failed to ensure that one out of seven sampled staff (Staff G) received in-services training within 30 days of hire. Findings Included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A review of the facility's personal file on showed that the facility did not have the following in service training certificates in file for Staff G who was hired on : control; ADL and Behavioral Needs Training; Reporting Major Incidents Reporting Adverse Incidents; Facility emergency procedures; Incident reporting training, resident rights and Recognizing/Reporting/Neglect training. In an interview on at 3:32 PM, the Administrator said "okay." Class III 0082 - Training - / - 58A-5.0191(4) FAC Based on record review and interview, the facility failed to ensure that two out of seven sampled staff (Staff D and G) had completed a one-time education course on and Findings Included: A review of the facility's personnel on revealed that the facility did not have a documentation of and training on file for Staff D and G. During an interview on AT 3:32 PM, the Administrator said "okay." Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC Based on record review and interview, the facility failed to provide a minimum of 2 hours of adequate training pertinent to nutrition and food service for five out of seven sampled staff (Staff A, C, D, E, and F). Findings Included: The 2 hours Nutritional & Safe Food Handling certificate in file for Staff A, C, and D dated - were expired on ; the one for Staff E dated was expired on , and for Staff F dated was expired on During an interview on at 3:32 PM, the Administrator said "okay."		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Class III 0090 - Training - 58A-5.0191(11) FAC Based on record review and interview, the facility failed to ensure that one out of seven sampled direct care staff (Staff G) received at least one hour of adequate training in the facility's policies and procedures regarding (). Findings Included: A review of the facility's records on () showed that the facility did not have proof of the training certificate on file for Staff G, hired on (). During an interview on () at 2:52 PM, Staff C stated "Right now I don't remember." 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 the facility from () - (). On () at 3:32 PM, the Administrator said "I already paid for the next year and they told me they will send it by mail." Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on observation, record review, and interview, the facility also failed to develop and implement written policies and procedures to ensure that it can effectively and immediately activate , operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility also did not have a Portable Air Conditioning Unit available as it indicated in its plan .		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967003	(X3) DATE SURVEY COMPLETED 05/09/2019
NAME OF PROVIDER OR SUPPLIER MIRAMAR SENIOR LIVING VI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15364 SW 10TH STREET MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings Included: During a tour of the facility on at 8:07 AM, there was no Portable Air Conditioning Unit observed at the facility. A review of the facility's Emergency Power Plan (EPP) on showed no documentation of its EPP policies and procedures and its maintenance log. Further review of the EPP stated "every six month testing to make sure that the generator works. ... Center in charge of testing." In an interview on at 3:32 PM, the Administrator said "okay." Class III		