STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	R 05/28/2019
NAME OF PROVIDER OR SUPPLIER **BMA ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12381 SW 144 TERRACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A second revisit to a relicensure survey was conducted on . . . . . at BMA Assisted Living Facility Corp. The provider had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to be under the supervision of an Administrator who completed the core assisted living facility competency test for more than 120 days.

Findings included:

On . . . . . at 11:20 AM, the Administrator stated the facility hired a new administrator on . . . . . . She further stated that the new Administrator was taking core classes and had not passed the core test. The Administrator stated she had not passed the core test.

Review of the facility provider locator database showed Staff A (hired on . . . . .) is still the facility's Administrator.

Staff record review showed the facility had no documentation of Staff A's core competency certification

Uncorrected
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to have an accurate health assessment for one out of four (Resident #4) sampled residents.

Findings:

Observation on . . . . . at 09:30 AM showed Resident #4 was able to transfer with staff assistance.

A review of Resident #4's health assessment dated . . . . . showed the resident needed total assistance with bathing, , self care, toileting, and transferring.

On at 11:00 AM the Administrator stated Resident #4 needed assistance with activities of

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daily living and could transfer with staff assistance.

Uncorrected
Class III