

Agency for Health Care Administration

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|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969248</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/18/2019</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ARENAS BLANCAS CORP**

**4380 NW 175TH ST  
MIAMI GARDENS, FL 33055**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| {A 000}                  | Initial Comments<br><br>A re-licensure revisit survey was conducted on<br>... Arenas Blancas Corp. had deficiencies<br>found at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | {A 000}             |                                                                                                                          |                          |
| {A 077}<br>SS=D          | 429.176 FS; 429.52( ), 58A-5.019(1) FAC<br>Staffing Standards - Administrators<br><br>429.176<br>Notice of change of administrator.-If, during the<br>period for which a license is issued, the owner<br>changes administrators, the owner must notify<br>the agency of the change within 10 days and<br>provide documentation within 90 days that the<br>new administrator has completed the applicable<br>core educational requirements under s. 429.52. A<br>facility may not be operated for more than 120<br>consecutive days without an administrator who<br>has completed the core educational<br>requirements.<br><br>429.52( ), FS<br>(4) A new facility administrator must complete the<br>required training and education, including the<br>competency test, within 90 days after date of<br>employment as an administrator. Failure to do so<br>is a violation of this part and subjects the violator<br>to an administrative fine as prescribed in s.<br>429.19.<br>(5) Administrators are required to participate in<br>continuing education for a minimum of 12 contact<br>hours every 2 years.<br><br>58A-5.019<br>Staffing Standards.<br>(1) ADMINISTRATORS. Every facility must be<br>under the supervision of an administrator who is<br>responsible for the operation and maintenance of<br>the facility including the management of all staff<br>and the provision of appropriate care to all | {A 077}             |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

|                                                     |                                                                                |                                                                        |                                                                    |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ARENAS BLANCAS CORP**

**4380 NW 175TH ST  
MIAMI GARDENS, FL 33055**

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| {A 077}                  | Continued From page 1<br><br>residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter.<br>(a) An administrator must:<br>1. Be at least _____;<br>2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.;<br>3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and<br>4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before _____, are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule.<br>5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C.<br>Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.<br>(b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: | {A 077}             |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARENAS BLANCAS CORP</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4380 NW 175TH ST</b><br><b>MIAMI GARDENS, FL 33055</b> |                                                                                                                          |                                                                    |
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| {A 077}                                                        | Continued From page 2<br><br>1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and<br>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.<br>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile _____ of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.<br>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not _____, serve as an administrator of any other facility.<br>(e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, _____, which is incorporated by reference and available online at: <a href="http://www.flrules.org/Gateway/reference.asp?No">http://www.flrules.org/Gateway/reference.asp?No</a> | {A 077}                                                                                            |                                                                                                                          |                                                                    |

AHCA Form 3020-0001  
STATE FORM

Agency for Health Care Administration

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| A 181                                                          | <p>Continued From page 4</p> <p>(b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.</p> <p>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.</p> <p>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.</p> <p>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.</p> <p>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.</p> <p>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide documentation of an approved comprehensive emergency management plan (CEMP).</p> <p>Findings included:</p> <p>Facility record review found no documentation of an updated CEMP. The last CEMP was dated</p> | A 181                                                                                              |                                                                                                                          |  |                                                                    |

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| A 181                    | Continued From page 5<br><br>On . . . . at 1:00 pm Staff A stated, "It will be<br>here soon. I am waiting on approval."<br><br>Class III | A 181               |                                                                                                                          |                          |