STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967003	09/09/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Miramar Senior Living Vi, Inc	15364 Sw 10th Street Miami, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial State Licensure Survey visit was conducted to Miramar Senior Living VI Assisted Living Facility on . The following deficiencies were found at the time of the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview facility failed to have medications locked at all times.

Findings include:

Observation during tour conducted on at 8:10 a.m. found that medication cabinet where all medications were kept found to be unlocked.

Manager acknowledged that medication cabinet was unlocked on at 2:00 pm.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview facility failed to have a current menu posted.

Findings include:

Observation on at 8:10 a.m. found that menu posted was the one of the week ending .

Manager acknowledged on at 2:00 pm that menu posted was not of a current week.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Miramar Senior Living VI, Inc
15364 Sw 10th Street
Miami, FL 33194

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 11/02/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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