STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Martin Residences, Inc	19940 Sw 124 Court Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0080 - 429.52(1-2) Fs; 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Martin Residences, Inc. had the following deficiencies found at the time of the survey:

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review, and interview the facility failed to have an accurate Medication Observation Records (MORs) for 6 out of 6 (#1, #2, #3, #4, #5, and #6) facility residents.

Findings included:

On at 8:44 AM observations during the tour found the medications for 8 AM had been given.

Record review found the MORs were not marked or initialed for the 8 AM dosage of medications for Residents #1, #2, #3, #4, #5, and #6.

On at 8:44 AM Staff B stated, "I do not know what happened, I guess just forgot it."

On at 1:00 PM the Administrator and Owner, acknowledged the facility did not have accurate MORs.

Class III

0080-Training - Core & Competency Test 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview the facility's Administrator failed to participate in 12 hours of continuing education in the last 2 years.

Findings included:

On at 12:00 PM record review showed the Administrator's record it did not contain documentation of 12 hours of continuing education in the last 2 years related to assisted living facility.

On at 1:00 PM interview with the Administrator, he stated that he thought that he had the training up to date but that he was going to take it as soon as possible.

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Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview the facility failed to ensure 2 out of 3 (B and C) sampled staff member did not have minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings included:

On at 12:00 PM record review found that Staff B and C did not have any documentation for the 2 hours of continuing education annually. Staff B's last training was on / and Staff C's last training was on / .

On at 1:00 PM during the interview with the Administrator, he confirmed the finding that staff did the training and stated that he was going to take care of this as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Martin Residences, Inc
19940 Sw 124 Court
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 2015 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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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