STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911395	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
RESIDENTIAL PLAZA AT BLUE LAGOON	**5617 NW 7 STREET MIAMI, FL 33126**	

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

0000 - Initial Comments

A Complaint (CCR #2015001397) Investigation Revisit Survey was conducted on . 28, 2015. Residential Plaza at Blue Lagoon with Limited Mental Health and Limited Nursing Services had a deficiency found at time of the survey.

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

Based on record review and interview the facility's Administrator failed to ensure items outlined on the Directed Plan Of Correction (DPOC) given by the agency was completed. The facility failed to ensure that staff members received in-service training on policies and procedures for handling adverse incidents.

Findings included:

Record review showed the facility has a total of 96 staff members. There were 53 staff members trained and there are 45 more the need to do the the training on policies and procedures for handling adverse incidents.

The facility requested additional time to ensure all staff members in facility were trained on policies and procedures of incident and have documentation to show the training was completed. the time was granted till , , 2014 but the facility did not comply with the items outlined on the DPOC dated , 2015.

The Administrator stated on at 4:00 PM it was not done and is still working on getting all the staff trained.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911395	A. Building B. Wing	

Name of Facility

RESIDENTIAL PLAZA AT BLUE LAGOON

Street Address, City, State, Zip Code

5617 NW 7 STREET
MIAMI, FL 33126

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0010** Reg. # **429.26(1&9) FS; 58A-5.018** LSC	Correction Completed	ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	Correction Completed	ID Prefix **A0051** Reg. # **58A-5.0185(2) FAC** LSC	Correction Completed
ID Prefix **A0165** Reg. # **429.23(1-4 & 6-10) FS; 58A** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency — **Reviewed By** — **Date:** 5/18/18 — **Signature of Surveyor:** — **Date:**

Reviewed By CMS RO — **Reviewed By** — **Date:** — **Signature of Surveyor:** — **Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residential Plaza At Blue Lagoon
5617 Nw 7 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a Complaint Investigation revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 17, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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Miami, FL 33166
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