AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966207	02/10/2016
NAME OF PROVIDER OR SUPPLIER **MIAMI LAKES RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **16837 NW 91 COURT** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Miami Lakes Retirement Home had the following deficiencies identified at time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses for one out of six residents (# 1)

Findings included:

Lunch observations on at 12:00 p.m. revealed Resident #1 ate a quarter of his meal.

Record review on found the following weights recorded for Resident #1:
Admission weight on as 162 pounds
Health assessment dated documented 153 pounds
Resident #1's weight log on had 144 pounds

Record review on revealed Resident #1's progress notes from - did not reflect Resident #1's weight changes.

Interview on at 12:58 p.m. Staff B stated, " Resident #1 had lost weight." Staff B also stated, " The facility's doctor sent some labs, and we have been assessing him on that; however, I admit that I did not write any information regarding his weight loss."

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to provide proper assistance with self-administration of medication for one out of four (# 3) sampled residents.

Findings included:
Medication pass observations on at 12:10 pm found Staff C approached Resident #3's , Levo tab(medication) it in a plastic cup. The cup was placed on the table while Resident #3 was eating lunch. Staff C stated, "takes your medication when you finish your meal." Staff C left the cup next to Resident #3 and walked away to the kitchen to prepare desserts for Residents (1,

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2, ,3 and 4).
Observation on _/ . . at 12:15 p.m. Staff C approached Resident #3 and stated, "Resident #3 the pill! Staff C then signed the medication sheet without telling Resident #3 what medications she was taking. Interview on _ /. . at 12:55 p.m. Staff A and B acknowledged that Staff C left Resident #3's medication unattended and did not explained the medication to her.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility, the Administrator supervised three facilities.

Findings included:

Review of the health finder website revealed that Staff A was the Administrator of three facilities. Review of the website also found Staff B (Manager) was the Administrator of the facility. The facility failed to appoint a separate manager for each facility that was not an Administrator at another location.

Interview on . /. . at 9:30 am Staff B stated, "I am the Administrator Alternate (Manager) of this facility."

Interview on . /. . /. . at 12:30 p.m. the Administrator stated, " I did not know that I need to have a manager who is not a current administrator in another facility."

Class III

0160 Records - Facility

Based on record review and interview the facility failed to provide a copy of the annual health inspection and an update emergency management plan approval letter.

Findings included:

Record review on revealed that the last health inspection was conducted on .
Record review on / revealed that the last emergency management plan approval letter was dated . / / .

Interview on at 12:20 p.m. the Administrator acknowledged that the health inspection and plan

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needed to be updated. The Administrator stated, " I called them, but they have not come yet. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Miami Lakes Retirement Home
16837 Nw 91 Court
Hialeah, FL 33018

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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