STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968918	R **07/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MACARENA ASSISTED LIVING FACILITY, INC	**8000 SW 88 ST** **MIAMI, FL 33156**

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

0000 - Initial Comments

A Change of Ownership Revisit Survey was conducted on 07/19/2018. Macarena Assisted Living Facility, Inc. with Limited Mental Health component, license #12764 had the following deficiencies at the time of the survey:

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

Based on record review and interview, the facility failed to be under the supervision of an Administrator who is responsible for the operation and maintenance of the facility.

Findings included:

Facility visit on from 9:20 AM to 2:30 PM showed that Staff F and G were in charged of the facility. Staff A, Owner arrived at 10:40 AM.

Interview conducted on at 1:15 PM, Owner stated that the facility's Administrator could not participate in the survey because she was working. In addition she said that the Administrator visit the facility every day. The facility was unable to show evidence that the Administrator was at the facility every day.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the facility failed to provide documentation of the 4 hours medication training for one out six (Staff F) sampled staff. The facility failed to provide an additional 2 hours education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of six (Staff F) sampled staff.

Findings included:

Observation on at 2:00 PM found Staff F assisting Resident #4 and #11 with self-administration of medications. Staff F was hired on .

Staff F record review found no evidence of 4 hours and an additional 2 hours education medication training on providing assistance with self-administered medications and safe medication practices in an

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ALF.

Interview conducted on at 2:10 PM, Owner stated that Staff F's medication training certificate was misplaced.

Class III

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation and interview, the facility failed to have an approval from the Agency prior to changes the facility's space.

Findings include:

Facility tour on at 9:40 AM showed Resident #10 resided in a in the patio area.

Review the facility's floor plan did not show Resident's #10 .

Interview conducted on at 1:45 PM, the Owner stated that they did not request change in space to resident use for that .

Class III
Uncorrected Deficiency.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report with the Agency within one business day and fifteen days for one out of five sampled residents (Resident #5).

Findings included:

Review of Resident #5's record document she was admitted to the facility on and has a diagnosis of , Paroid Type. The Health Assessment dated indicated she was independent with the activities of daily living (ADLs).

Progress notes document that she was violent episode on . Police was called and she was taken to hospital.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview was conducted on . . . . . at 1:45 PM, the Owner stated that she did not file an incident report with the agency.

Class III
Uncorrected Deficiency.