Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942885	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER: SENIORS RESIDENCE ACLF	STREET ADDRESS, CITY, STATE, ZIP CODE: 11334 SW 2 STREET MIAMI, FL 33174		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Extended Congregated Care Monitoring Survey was completed on , 2013 at East Gables Retirement Center. The following deficiencies were identified at time of survey.	A 000		
AE202 SS=D	58A-5.030(3) FAC ECC - Physical Site Requirements (3) PHYSICAL SITE REQUIREMENTS. Each extended congregate care facility shall provide a homelike physical environment which promotes resident privacy and independence including: (a) A private apartment, or a semi private apartment shared with of the resident ' s choice. The entry door to the apartment shall have a lock which is operable from the inside by the resident with no key needed. The resident shall be provided with a key to the entry door on request. The resident ' s service plan may allow for a non locking entry door if the resident ' s safety would otherwise be jeopardized. (b) A , with a toilet, sink, and bathtub or shower, which is shared by a maximum of four (4) residents for a maximum ratio of four (4) residents to one (1) . 1. A centrally located hydro-massage bathtub may substitute for a bathtub or shower and be considered equivalent to two , increasing the resident to from four (4) to one (1) to eight (8) to one (1). The substitution of a centrally located hydro-massage bathtub for a bathtub or shower that increases the resident to above four (4) to one (1) may occur only once in a facility. The one time substitution of a centrally located hydro-massage bathtub does not preclude the installation of multiple hydro-massage bathtubs in the facility. The limitation applies only to the	AE202		

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AE202	Continued From page 1 one-time reduction in the total number of in the facility. 2. The entry door to the have a lock that the resident can operate from the inside with no key needed. The resident ' s service plan may allow for a non-locking if the resident ' s safety would otherwise be jeopardized. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to have entry doors to the apartment shall have a lock which is operable from the inside by the resident with no key needed. Findings include: Tour of # designated as ECC not have a lock from inside of the Interview with administrator on at 11:00 a.m. confirm the door knob has no lock on it after showing her the door. Class III	AE202		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Seniors Residence Aclf
11334 Sw 2 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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