Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965648	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLERIA FAMILY HOME	4911 SW 132 AVENUE MIAMI, FL 33175

(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 Complaint Investigation Survey (CCR# 2012012243) was conducted on - and - at Cleria Family Home with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. At the time of the survey, deficiencies were identified.	A 000		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and	A 010		

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A 010	Continued From page 1	A 010		

3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2	A 010		

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and staff interview the facility failed to ensure that resident's met the continued residency criteria for 4 out of 8 (resident #1, resident #2, resident #4, resident #6) facility residents.

Findings Include:

Observations on [illegible] at approximately 9:29 AM while on a facility tour with the administrator found the following:
- Resident #1 sitting in a wheelchair in the living [illegible]
- Resident #2 lying in a bed with two half bed rails in an upright position in [illegible] #[illegible].
- Resident #4 sitting in a wheelchair in [illegible] #[illegible].
- Resident #6 lying in a bed with a half bed rail in an upright position in [illegible] #[illegible].

Record review of resident #2's file revealed she was admitted to the facility on [illegible]. Record review of resident #2's health assessment, dated [illegible], revealed the following information:
Ambulation- chairfast, unable to ambulate and is unable to wheel self.
Bathing- is bathed totally by another person.
Toileting- is totally dependent in toileting.
Transferring- unable to transfer self and is unable to bear weight or pivot when transferred by another person.

In an interview with the administrator on [illegible] at approximately 10:25 AM, he stated resident #2 is not on Hospice or Home Health.

Record review of resident #4's file revealed she was admitted to the facility on [illegible]. Record review of resident #4's health assessment, dated

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A 010	Continued From page 3 , revealed the following information: Ambulation- chairfast, unable to ambulate and is unable to wheel self. Bathing- Unable to participate effectively in bathing and is bathed by another person. Eating- unable to feed self. Toileting- is totally dependent in toileting. Transferring. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. In an interview with the administrator on - at approximately 10:54 AM, he stated resident #4 receives from a Home Health Agency. He stated resident #4 is not on Hospice. Record review of resident #1's file revealed she was admitted to the facility on . Record review of resident #1's health assessment, dated , revealed the following information: Toileting- is totally dependent in toileting. In an interview with the administrator on - at approximately 10:39 AM, he stated Home Health comes and gives resident #1 her every day. He stated she is not on Hospice, just Home Health. Record review of resident #6's file revealed he was admitted to the facility on . Record review of resident #6's health assessment, dated , revealed the following information: Toileting- is totally dependent in toileting. In an interview with the administrator on - at approximately 5:30 pm confirmed the findings.	A 010		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 4 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)96- or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party	A 030		

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A 030	Continued From page 5	A 030		

providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:

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A 030	Continued From page 6 (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance	A 030		

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A 030	Continued From page 7 at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to provide a safe and decent environment, free from and neglect	A 030		

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A 030	Continued From page 8	A 030		

for 1 out of 8 (resident #8). The facility failed to treat 1 out of 8 (resident #1) facility residents with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. The facility failed to ensure written physician orders and resident consents were obtained prior to the use of half-bed rails.

Findings Include:

Observations on - at approximately 9:29 AM, while on tour with the facility's administrator found the following:

- One bed with a half-bed rail in # with resident #3 sitting in a wheelchair next to the bed.
- One bed with two half-bed rail in # with resident #2 lying in the bed.
- One bed with a half-bed rail in # with resident #6 lying in the bed.

In an interview with the administrator while on tour in the facility on - at approximately 9:29 AM, he stated only employees sleep in # at night. He stated staff #2, staff, sleep here at night.

Record review of resident #6's file revealed he was admitted on . Record review revealed the file lacked any documentation of a physician order for half-bed rails. Record review found a resident consent for half-bed rails dated .

In an interview with the administrator on - at approximately 10:21 AM, after notifying him that resident #6's file lacked a physician order, he stated he received a fax of the half-bed rail prescription.

Record review on - of the faxed

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A 030	Continued From page 9 document {faxed - } revealed the physician order for half-bed rails for resident #6 was dated -. In an interview with the administrator on - at approximately 10:22 AM, he stated they lost the other one. In an interview with the administrator on - at approximately 10:31 AM, after notifying him that the order needed to be completed prior to the use of half-bed rails, he stated he received another fax for half-bed rails. Record review on - of the faxed document {faxed - } revealed the physician order for half-bed rails for resident #6 was dated - - -. Record review of resident #2's file revealed she was admitted to the facility on . Record review lacked any documentation of the physician order or residents' consent for the use of half-bed rails. Record review of resident #3's file revealed she was admitted to the facility on . Record review lacked any signed documentation including a resident consent for half-bed rails. Record review lacked any physician orders for resident #3, including orders for half-bed rails. Observations on - at approximately 11:45 AM found the owner and the administrator of the facility would not give the surveyor and resident #8 the privacy of confidential resident interview. In an interview with the owner on - at approximately 11:45 AM, in front of resident #8, he stated resident #8 is a mental health resident.	A 030		

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A 030	Continued From page 10 He stated resident #8 is like a baby and does not know what she is talking about. In an interview with resident #8 on [illegible] at approximately 11:46 AM, the owner continuously interrupted resident #8 after answering the questions in which she was asked. Observations on [illegible] at approximately 10:49 PM while on tour with staff#1 found the following: - One bed in [illegible] # [illegible] not currently in use. - Resident #3 sleeping in the bed with a half-bed rail in [illegible] #[illegible]. - Resident #1 sleeping on a couch in the dining [illegible] with the lights in the dining [illegible]. LUIS- Add your information here about what you heard the staff saying about not getting a hold of the owner and administrator. In an interview with the administrator on [illegible] at approximately 5:30 pm confirmed the findings.	A 030		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. [illegible]; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance [illegible]; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an	A 162		

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A 162	Continued From page 11	A 162		

emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction

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A 162	Continued From page 12 made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule	A 162		

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(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 162	Continued From page 13	A 162		

58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility did not have 5 out of 8 resident records (residents #3, #4, #5, #6, #7) completed.

Findings Include:

Observations on - at approximately 9:29 AM, while on tour with the facility's administrator found resident #5 in the # with staff #3. Observations found resident #7 sitting in the living . Observations found resident #3 sitting in a wheelchair next to the bed in # . Observations found resident #4 sitting in a wheelchair in # . Observations found resident #6 lying in a bed in # .

In an interview with the administrator on - at approximately 9:29 AM, he stated resident #7

Agency for Health Care Administration

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	AL11965648	A. BUILDING: _____ B. WING _____	

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CLERIA FAMILY HOME	4911 SW 132 AVENUE MIAMI, FL 33175

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A 162	Continued From page 14 was day care. In an interview with the administrator on [illegible] at approximately 10:59 AM, he stated resident #3 was day care. He stated that day care was Monday to Saturday. In an interview with the administrator on [illegible] at approximately 11:31 AM, he stated resident #3 is new. He stated he does not have a file for resident #3. Record review of resident #3 revealed that she was admitted to the facility on [illegible]. Record review revealed the facility did not have any completed paperwork for resident #3. Record review revealed resident #3's file lacked any documents that had been signed by the resident or on behalf of the resident. Record review of resident #4 revealed she was admitted to the facility on [illegible]. Record review revealed resident #4's contract was not signed by the resident or residents' representative. Record review of resident #5's file revealed she was admitted to the facility on [illegible]. Record review revealed resident #5's contract, dated [illegible], was signed by resident #5's daughter. Record review lacked any documentation that resident #5's daughter was her power of attorney. Record review of resident #6's file revealed he was admitted to the facility on [illegible]. Record review revealed resident #6's contract, dated [illegible], was signed by resident #6's sister in law. Record review lacked any documentation that resident #6's sister in law was his power of attorney.	A 162		

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A 162	Continued From page 15 Record review of resident #7's file revealed he was admitted to the facility on . Record review revealed resident #7 had a resident contract dated but then also had a day care contract dated . Both contracts were signed by resident #7's nephew. Record review lacked any documentation that resident #7's nephew was his power of attorney. Observations on - at approximately 10:49 PM while on tour with staff#1 found resident #3 sleeping in the bed with a half-bed rail in #. Observations found resident #7 sleeping in a bed in #. In an interview with the administrator on - at approximately 5:30 pm confirmed the findings.	A 162		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the	AZ827		

Agency for Health Care Administration

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AZ827	Continued From page 16	AZ827		

performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

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AZ827	Continued From page 17	AZ827		

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by:
Based on observations, record review, and interview the facility failed to amend their license prior to providing care and services to a census of 8 residents. Facility licensed for 6 residents.

Findings Include:

In an interview with the administrator on - at approximately 9:20 AM, he stated he has 6 residents with 4 day care residents.

In an interview with resident #10 on - at approximately 9:22 AM, he stated he has been here since 2000. He stated he is , . He stated his medication is at home. He stated that he gets here around 8:00 AM and does not feel comfortable answering any more questions. He stated he is not obligated answering any more questions. When asked if he ever slept here, he would not answer.

Observations while on tour with the administrator on - at approximately 9:29 AM found eight beds in the facility total, excluding the the facility designated for a private renter. Observations found resident #5 in the # with staff #3. Observations found resident #7 and resident #1 sitting in the living . Observations found resident #3 sitting in a wheelchair next to the bed in #. Observations found men's clothing in both the closet and the dresser in #. Observations found resident #8 and resident #2 lying in their respective beds in # . Observations found

Agency for Health Care Administration

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AZ827	Continued From page 18	AZ827		

resident #4 sitting in a wheelchair in # . Observations found resident #6 lying in a bed in # . Observations found both morning and evening medications in the facility's medication cabinet for resident #1, #2, #3, #4, #5, #6, #7, and #8.

In an interview with the administrator on - at approximately 9:29 AM, he stated that no one slept in # . He stated the clothing belonged to resident #7. He stated resident #7 was day care.

In an interview with the administrator on - at approximately 10:59 AM, he stated resident #3 was day care. He stated that day care was Monday to Saturday.

Record review of resident #7's file revealed he was admitted to the facility on . Record review revealed resident #7 had a resident contract dated but then also had a day care contract dated .

Record review of each residents' file revealed the following information:

- Resident #1 was admitted to the facility on
- Resident #2 was admitted to the facility on
- Resident #3 was admitted to the facility on
- Resident #4 was admitted to the facility on
- Resident #5 was admitted to the facility on
- Resident #6 was admitted to the facility on
- Resident #7 was admitted to the facility on

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AZ827	Continued From page 19 - Resident #8 was admitted to the facility on Observations while on tour of the facility with staff #1 on - at approximately 10:49 PM found resident #7 was sleeping in the bed in #. Observations found resident #8 leaving # and entered the . Observations found resident #2 sleeping in one of the beds in # . Observations found resident #4 and resident #6 sleeping in their respective beds in # . Observations found resident #1 sleeping on a couch behind the dining . Observations found resident #5 sleeping in the bed in # . Observations found the door labeled private was locked. Observations found resident #3 sleeping in the bed in # . In an interview with staff #1 while on tour on - at approximately 10:49 PM, she confirmed the identity of all the residents.	AZ827		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

March 5, 2013

Administrator
Cleria Family Home
4911 Sw 132 Avenue
Miami, FL 33175

Re: CCR #2012012243

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted or ', 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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