Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLE...
	AL11964920	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A HOME AWAY FROM HOME ALF INC	1851 SW 142nd 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 Limited Nursing Service Survey monitoring was conducted on ... A Home Away From Home had deficiencies found at the time of the survey.	A 000		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating ..., aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of ... residents or residents with a documented ... problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a ... dipstick test. (g) Replacement of an established self maintained indwelling ..., or performance of an intermittent ... (h) Performing ... stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for ... and closed surgical wounds. (j) Care for ... pressure sores. Care for ... or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and ... Care for head braces, such as a ..., is not permitted under this rule. (l) Conduct nursing assessments if conducted by	AN276		

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AN276	Continued From page 1 a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on file review and interview, facility failed to have policies and procedures for services provided under the component of Limited Nursing Services (LNS). The findings include: Review of file revealed that facility did not have policies and procedures on file for services provided under the component of LNS on at 1100 am. Interview of administrator on at 1150 am and she stated that she did not know where she has policies and procedures for services provided under LNS, but she will develop them. Class III	AN276		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards	AN277		

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AN277	Continued From page 2	AN277		

(2) RESIDENT CARE STANDARDS.
(a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C.
(b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.
(c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file.
(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files.
(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

This Statute or Rule is not met as evidenced by:
Based on record review and interview facility failed to maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files.

Findings include:

Facility record review revealed that the facility ' s

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AN277	Continued From page 3 did not have on file copy of nurse license. An interview conducted with the Assisted Living Facility Administrator on at 11:50 a.m. confirmed the facility failed to obtain a copy of professional license of nurse in contract in the facility ' s personnel file. She would ensure to obtain a copy of current nurse professional license. Class: III	AN277		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
A Home Away From Home Alf Inc
1851 Sw 142nd Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) 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 4/18/2013 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Miami Field Office
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