

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966993	(X3) DATE SURVEY COMPLETED 06/05/2013
NAME OF PROVIDER OR SUPPLIER Bella Sisters Senior Care	STREET ADDRESS, CITY, STATE, ZIP CODE 16671 Sw 52 Lane Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced standard biennial survey was made at Bella Sisters Senior Care on . The following deficiency was identified.

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to train 1 of 3 (#3) facility staff in working with limited mental health residents.

Findings as follow:

Record review documented the facility failed to train within 6 months of working in facility staff #3 (hired on). Record review documented staff #3 was scheduled to have the LMH training on . On at about 11:30 a.m. the facility administrator stated the facility failed to train staff #3 in working with limited mental health residents within 6 months of working in facility. The facility administrator stated staff #3 is already registered for the LMH training for .

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Bella Sisters Senior Care
16671 Sw 52 Lane
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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.

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
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