

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966967	(X3) DATE SURVEY COMPLETED 06/03/2013
NAME OF PROVIDER OR SUPPLIER Natalia Alf Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2118 Sw151 Place Miami, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

An abbreviated Biennial survey was conducted on . Natalia ALF Assisted Living Facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record review, and staff interview the assisted living facility failed to limited the use of physical to half (1/2) bed rails for 1 out of 3 (#2) sampled residents.

The findings include:

Observation on at 11:00 a.m. found that resident #2 had two ½ bed rails attached to his bed on one side.

Record review on found that resident #2 was ordered to have 1/2 bed rails on Resident #2's guardian signed consent to the use of half bed rail on |.

On at about 2:00 p.m. Staff #2 stated that they are going to remove one 1/2 bed rails.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Natalia Alf Inc
2118 Sw151 Place
Miami, FL 33185

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
XG90

