STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Celena's Senior Care	10601 Sw 142 Avenue Miami, FL 33186	
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
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Celena's Senior Care had deficiencies found at the time of the survey.

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

Based on observation, record review and interview the facility failed to obtain consent for the use half-bed rails of the resident or the resident's representative of two out of two sampled residents (#1 and #2).

Finding include:

1. Observation on at 11:15 a.m. revealed that resident #1 and #2 is using half-bed rails.

2. Record review on revealed that the facility did not have a consent for the use half-bed rails from resident #1 and #2 or a consent from their representatives in their record.

3. Interview with the administrator on at 12:00 p.m. confirmed that facility failed to obtain consent for using half-bed rails for resident #1 and #2.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have documentation of an emergency management plan approval.
Findings include:
1. Record review on revealed that the last emergency management plan approval was dated

2. Interview with administrator on at 12:00 p.m. confirmed the facility failed to have the most recent emergency management plan approved.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	**06/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Celena's Senior Care	**10601 Sw 142 Avenue Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interviewthe facility failed to have a statement from a health care provider verifving the contracted nurse did not have any signs or symptoms of a communicable including .

Findings include:

1. Record review on revealed the facility's contracted nurse last statement from a heath care provider indicating they did not have any signs or symptoms of a communicable including was dated .

2. Interview with administrator on at 12:00 p.m. confirmed their contracted nurse communicable statement including from a health care provider was expired .

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the facility to maintain documentation of the qualifications of nurse providing limited nursing services.

Findings include:

1. Record review on revealed that nurse professional license on file expired on .

2. Interview with administrator on at 12:00 p.m. revealed that contracted nurse documentation were expired, including nurse professional license.

Class III

AHCA

"OPTIMIZING FLORIDA'S HEALTHCARE ADMINISTRATION"

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Celena's Senior Care
10601 Sw 142 Avenue
Miami, FL 33186

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 (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

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