STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norita Adult Family Care, Inc	11971 Sw 118 Street 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Service Survey monitoring was conducted on . Norita Adult Family Care, Inc 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 have a written order for resident's using half-bed rails for one out of two sampled residents and renew written order for a resident using half-bed rails as well as have a signed consent by the resident or the resident's representative for one out of two sampled residents (#1 and #2).

The findings include:

1. Observation on , at 8:05 a.m. revealed that resident #1 and #2 have half-bed rails on their bed.

2. Record review on revealed that resident #1 did not have a written order from the their physician for the use of half-bed rails as well as a consent of resident #1 or their representative. Further review revealed the facility did not renew resident #2's written order for the use of half-bed rails. The last doctor order for the use of half-bed rails is dated . Lastly, the facility did not have a consent of resident #2 or their representative for the use of half side rails.

3. Interview with the facility's administrator on at 10:20 a.m. the administrator confirmed they failed to obtained written doctor order from resident #1 for using half-bed rails, renew the doctor order for resident #2 and obtain a consent to use half-bed rails for residents #1 and #2 or their representatives..

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	06/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norita Adult Family Care, Inc	11971 Sw 118 Street Miami, FL 33186	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0078-Staffing Standards - Staff 58A-5.019(2) FAC

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

2. Interview on at 10:20 a.m. with the administrator confirmed she did not have the statement of freedom from communicable including for their contracted nurse

Class III

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

Based on record review and interview the Assisted Living Facility failed to have documentation of an approved emergency management plan.

Findings include:
1. Record review on revealed the last approved emergency management plan is dated .

2. Interview with administrator on at 10:20 a.m. revealed that administrator did not have an approved emergency management plan .

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review and interview the Assisted Living Facility failed to have provide an order for the use of for one out of two sampled residents (#2).

Findings include:

1. Observation on at 8:05 a.m. during the tour of the facility revealed an concentrator on # where resident # 2 slept.

2. Record review on for resident #2 revealed that there was no doctor order for the use of the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953486	**06/11/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norita Adult Family Care, Inc	**11971 Sw 118 Street Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3. Interview with administrator on at 8:05 a.m. revealed that resident #2 used an needed. At 10:20 a.m. the administrator stated she could not find the doctor's order for the use of

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview Assisted Living Facility failed to have level 2 background for contracted nurse

Findings include:

1. Record review for contracted nurse on revealed that contracted nurse date of hired background screening in record Surveyor was unable to find background screening result on Agency for Health Care Administration (AHCA) background screening units webpage.

2. Interview on at 10:20 a.m. with administrator revealed that contracted nurse also work in a hospital and that contracted nurse should have an update background screening, administrator was unaware about contracted nurse's background status.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Norita Adult Family Care, Inc
11971 Sw 118 Street
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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121