STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	07/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vandor [redacted] Homecare Inc	2110 North 46th Avenue Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Initial Limited Nursing Services (LNS) survey was completed on [redacted]. Vandor [redacted] Homecare, had a licensure deficiency found at the time of the visit.

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

Based on observation, interview and record review the facility failed to meet standards of admission and continued residency for residents receiving Limited Nursing Services. As evidenced by facility failure to contract with a nurse to conduct monthly assessments and ensure the provision of the ordered services were provided to the residents as needed.

The findings include:

Review of the facility's policies and procedures for the provision of Limited Nursing Services (LNS) revealed there was no contract in place for a Registered Nurse to conduct monthly assessments and ensure the prescribed LNS services are provided for residents at the facility.

Review of the facility monthly staffing schedule revealed the facility has a part-time Licensed Practical Nurse (LPN) working the 7-3 PM shift. Several days during the week, the LPN is unavailable to provide services as needed by the residents. The staffing schedule did not reflect any nursing coverage when the LPN was not available.

On [redacted] at approximately 2:30 PM during an interview with the Administrator, she stated that she did not have a contract in place with a Registered Nurse to provide the required monthly nursing assessments or have nursing staff coverage when the part-time LPN was not available.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ .2013

Administrator
Vandor _ _ _ _ _ _: Homecare Inc
2110 North 46th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a Initial Limited Nursing Services (LNS) licensure survey that was conducted on .2013 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after _ **.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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547 Form
XG90

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