STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964718	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mariluca 1	**8411 Sw 21 Street Miami, FL 33155**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
N277-Lns - Resident Care Standards-07/23/2013

Revisit Repeat Tags:

0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up Survey to a Limited Nursing Services Monitoring Survey was performed on 23, 2013 at Mariluca I ALF. The following defficiency was found uncorrected.

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

Based on observation, record review and interview facility failed to renew the physician's order for the use of half side rail and to obtain a consent for use of half side rail from the resident or resident's representative for 1 out of 6 sampled residents (# 1).

Findings include:

Observation on at 11 am revealed that resident # 1 uses half side rail.

Record review on of resident #1 revealed that last prescription for use of side rail was dated and that there is no consent for use of half side rail signed by resident or resident's representative.

Administrator acknowledged findings on interview done on at 11:10 am. Administrator stated that she did not know that the prescription for half side rail for this resident was dated . Administrator acknowledged that there was no consent sign for use of half side rail in resident's file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Mariluca 1
8411 Sw 21 Street
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) Monitoring revisit survey conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BBT7

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

[illegible], 2013

Mariluca I
Lucrecia Cesar
8411 SW 21st Street
Miami, FL 33155

Dear Lucrecia Cesar,

This letter reports the findings of a Follow-up to LNS Monitoring conducted on , 2013, by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's corrective action plan within **10 Business Days** of receipt of this hand delivered report.

The investigation resulted in findings of noncompliance with the following areas:

1) A030- Resident Care-Rights & Facility Procedure
Failure to renew physician's order and obtain a consent for half bedrails–Class III

The facility must obtain a new order for use half rails from the resident's physician and a signed consent for the use of half rails from the resident or resident's representative.

Should you have any questions, please call Kristal Branton, ALF Unit Health Facility Supervisor at (305) 593-3100.

Regards,

Arlene Mayo-Davis, Field Office Manager