STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966962	07/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abuelitos Felices Alf	**12744 Sw 204 Street Miami, FL 33177**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced abbreviated Biennial Survey was conducted on . . . . . Abuelitos Felices Alf had deficiencies found at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on observation, record review and interview the Assisted Living Facility failed to have a health assessment that indicates significant changes for one out of three sampled residents (#1).

Findings include:

Observation during tour of the facility on . . . . . at 8:26 a.m. revealed that resident #1 was receiving morning care with a home health aide from Catholic Hospice.

Record review revealed that resident #1 was admitted under hospice service since . . . . . and needs total assistance for activities of daily living. Health Assessment (AHCA form 1823) completed on . . . . . indicates the resident needs assistance for activities of daily living.

Interview with caregiver_A on . . . at 8:35 a.m. revealed that resident #1 was receiving hospice services.

Interview with caregiver_B on . . . at 12:20 p.m. revealed that resident #1 needs total assistance for activities of daily living, but facility failed to obtain a new health assessment where was indicated resident #1 change in health condition.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Abuelitos Felices Alf
12744 Sw 204 Street
Miami, FL 33177

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 9/27/2013 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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