STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	08/27/2013
NAME OF PROVIDER OR SUPPLIER **Residencia Nurstra Senora De La Esperanza Home Car**	STREET ADDRESS, CITY, STATE, ZIP CODE **11125 Sw 48 Street Miami, FL 33165**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0005 - 58a-5.0161 Fac - Licensure - Inspection Responsibilities S-S= D
St - A - 0151 - 58a-5.023(2) Fac - Physical Plant - Existing Facilities S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey (CCR#2013006611) was conducted in your Assisted Living Facility on . Residencia Nuestra Senora dela Esperanza Home Care Corp had deficiencies found at the time do the survey.

0005-Licensure - Inspection Responsibilities 58A-5.0161 FAC

Based on record review and interview facility failed to obtain a current satisfctory fire inspection and permit on premises .

Findings include :

Facility's record review revealed no current satisfactory fire inspection on premises. Only inspection on file dated with no violation noted and with 2 violations that were corrected on

Interview with representative from the fire department on at 10:47 a.m. revealed that facility had a fire inspection dated - and was in good standing in terms of their inspection. However, facility did not have a current fire permit since no payment was received. Last fire permit on file expired in 2006.

Owner spoke to the representative and stated that she will have the payment send as soon as possible. She also told the surveyor that she will fax her a copy of the satisfactory fire inspection and proof of the permit payment by .She did not.

Class III

0151-Physical Plant - Existing Facilities 58A-5.023(2) FAC

Based on observation, record review and interview facility failed to comply with building codes as required.

Findings include:

Observation during tour conducted on at 8:45 a.m. found a plywood panel roof in the facility ' s back area towards the patio. Three pipes were holding the lower part of the structure and 6 screws were holding the panel with the facility ' s structure. There were 4 wood panels screwed vertically in 4 different areas of the plywood panel in order to hold the structure. Rotten wood observed in varies areas of the structure due to prolonged exposure to weather elements. Emergency water supply, one freezer and two wheel chairs observed in the area.

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Owner stated during interview conducted on at 10:30 a.m. that the vertical wood panels were added after facility was cited during the biennial survey for not having a roof in good repair. She stated that initially it was a tent in the back area. The tent was destroyed within 6 months of installation and the company responsible for installation did not pay for repairs or provided refund even though the structure was destroyed in a very short time after installation. She said she paid a sum of$ 1200 for the installation of a tent. She said she could not afford the cost of a new one so she bought plywood and build a plywood roof. When was asked if the structured was permitted she said no permit needed for that structure.
Record review revealed no permit of any kind for the structure.Owner stated on at 12:00 noon that she was planning on removing the wooden roof.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Residencia Nurstra Senora De La Esperanza Home Care **CCR#2013006611**
11125 Sw 48 Street
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state complaint 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 10/15/2013 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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