STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966998	08/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Armero Torres Alf, Inc	3011 Nw 52 Street Miami, FL 33142	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey (CCR 2013008495 & 2013008753) was conducted on . Armero Torres had the following deficiencies at time of survey.

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

Based on record review and interview facility failed to honor residents rights for not being able to communicate in a language in which the resident comprehends.

Findings include:

Interview with staff # 2 on at 9:30 am who lives in the facility and is there 24 hours a day revealed that she does not understand and does not speak English.

Interview with stafff # 1 on at 9:40 am revealed that she does not speak English and understand only a little and that she is going to start a class to learn English next week.

Interviewed resident # 2 on at 10 am; resident stated: " When I need to talk to the administrator I call someone to translate or tell resident # 5 to help me with translation and they always help me. I do not like to use him for translation because it is not fair for him but he is always willing to help me " .

Interviewed resident # 1 on at 11:35 am; resident stated: " The only problem I have here is the language barrier because I do not speak Spanish and I would like to move to a place where I can talk to the caregivers and they understand me but I do not have a case manager to help me. The assistant administrator gave me his cell phone number to call him when I need translation, but I do not like to be bothering him; I do not like the guys translating for me. I do not have big problems with this place.

All grievance documentation is written in Spanish; even the ones signed by the residents that do not speak and do not read Spanish.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2013

Administrator
Armero Torres Alf, Inc
3011 Nw 52 Street
Miami, FL 33142

Re: CCR #2013008495 & 2013008753

Dear Administrator:

This letter reports the findings of two state complaints survey that were conducted on [illegible], 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
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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