STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965384	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Exclusive Home	183 West 18 Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring Survey was performed on , 2013. Exclusive Home had deficiencies identified at time of survey.

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview facility failed to maintain in the personel file the results of employee screening conducted by the agency for 1 out 1 sampled employee (Registered Nurse).

Findings include:

Personnel record review of Registered Nurse contracted by facility to perform Limited Nursing Services revealed that there was no copy of the Level II Background Screening on file.

Review of the backgroung screening website revealed that registered nurse had a Level II Background Screening done (no date available) and that Registered Nurse is eligible to work.

Staff # A was interviewed on , 2013 at 2:40 pm and said that she will let the administrator know that there is no copy of the Level II Background Screening in the Registered Nurse personnel file.

Class III

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

Based on record review and interview facility failed to maintain documentation of the qualifications of nurse providing limited nursing services in the facility 's personnel files.

Findings Include:

Personnel record review of Registered Nurse contrated by facility to perform Limited Nursing Services revealed that license expired on .

Staff # A was interviewed on , 2013 at 2:40 pm and said that she will let the administrator know that the Registered Nurse license is expired.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Exclusive Home
183 West 18 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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 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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