STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910988	09/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Apostalado Home #3, Inc	13510 Sw 79 Street Miami, FL 33183	
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
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Apostalado Home #3, Inc had deficiencies at the time of the survey.

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

Based on observation, interview and record review the Assisted Living Facility failed to have a written order of the resident's physician to the use of half-bed rail for one out of seven sampled residents (#4).

Findings include:

1. A general tour of the facility was conducted on at 10:20 a.m. with caregiver A found on # attached to bed a half-bed rail.

2. During the tour on at 10:20 a.m. caregiver A revealed that resident #4 uses the half-bed rail while on bed.

3. Record review on for resident #4's file revealed that there was not a written order for the use of half-bed rail.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the Assisted Living Facility failed to have an up-to-date admission and discharge log listing the name of all residents.

Findings include:

1. Record review of admission and discharge log on had information of residents #2, #3, #4, #5 and #6, but was missing resident #1.

2. Caregiver_A acknowledged findings on at 11:25 a.m.

Class

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0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview the Assisted Living Facility failed to maintain resident record on the premise for one out seven sampled residents (#1).

Findings include:

1. Record review on , found that the facility did not have a record for resident #1.

2. Caregiver A acknowledged findings on at 11:25 a.m.

Class

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and interview the Assisted Living Facility failed to employ or contract a nurse to provide limited nursing services as well as to maintain documentation of the qualifications of the nurse providing limited nursing services in the facility's personnel files..

Findings include:

1. Record review on , found that the facility did not have employee application or contract with the nurse who will provide limited nusring services neither documentation of the qualifications of the nurse who will provide limited nursing services in the facility's personnel file.

2. Caregiver A stated on at 11:10 a.m. that she could not find limited nursing services file that have nurse's information and documentation. Caregiver A acknowledged findings on at 11:25 a.m.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Apostalado Home #3, Inc
13510 Sw 79 Street
Miami, FL 33183

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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