| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910865 | 09/17/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Apostolado Home, Inc | 11081 Sw 63rd Terrace Miami, FL 33173 | |
| 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
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An Abbreviated biennial survey was made at Apostolado Home on . The following deficiencies were identified:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to have a medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date for 1 of 6 (#2) facility residents.

Findings as follow:

Record review documented the facility failed to have a medical examination (AHCA form 1823) for resident #2, admitted to facility on , completed within 30 days of admission .
On at about 12:30 p.m. staff #2 (caretaker) stated the facility failed to have a health assessment (AHCA Form 1823) for resident #2 admitted to facility on .

Class III

**L241-LMH - Records 58A-5.029(2) FAC**

Based on record review and interview the facility failed to have an admission and discharge log clearly identifying a facility's limited mental health residents (resident #2)

Findings as follow:

Record review (Admission and discharge log) documented the facility had 6 residents.
Record review (Admission and discharge log) had no limited mental health residents identified.
Record review (Resident #2 Admission History and Physical to Larkins Communiy Hospital dated ) documented resident was .
On at about 10:00 a.m. staff #2 (caretaker) stated resident #2 was and stated the facility failed to clearly identify resident as LMH in the Amission and discharge log.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Apostolado Home, Inc
11081 Sw 63rd Terrace
Miami, FL 33173

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 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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