STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966280	10/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Davisito's, Inc	6524 Nw 197th Lane Hialeah, FL 33015	
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

Specific Tag Findings:

0000-Initial Comments

An unanounced Limited Nursing Services Monitoring survey was performed at Davisito's Inc on , 2013. A deficiency was 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 keep the results of the screening conducted by the agency in the personnel file of the Registered Nurse contrated by facility to perform Limited Nursing Services.

Findings include:

Personnel record review of the Registered Nurse contrated by facility to perform Limited Nursing Services revealed that there is a copy of a level II background screening dated that states that she is eligible to work; another Level II Background Screening was done on and has no results; it says Awaiting Privacy Policy.

Registered Nurse was interviewed on the phone on at 1:30 pm and she stated: "I thought that that was the result; I will go to the place where I had it done to see what happened."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Davisito's, Inc
6524 Nw 197th Lane
Hialeah, FL 33015

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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