STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965217	**10/02/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eleanor's Retirement Home,inc	**12315 Nw 23rd Avenue Miami, FL 33167**	
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 Eleanor's Retirement Home on , 2013. A deficiency was found 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 the results of employee screening conducted by the agency Registered Nurse' personnel file.

Findings include:

Record review of Registered Nurse contracted by facility to perform Limited Nursing Services revealed that his contract was signed recently on . There was no copy of his Level II Background Screening results on his record.

Interview with Registered Nurse on , 2013 at 9:20 am revealed that he had just signed the contract the day before and that he forgot to bring a copy of his Level II Background Screening to be kept in the facility, but that he had a level II Background done.

Record review on the AHCA Background Website revealed that Registered Nurse contracted by facility had a Level II Background Screening done and that he is Eligible to work; there is no date of determination available.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Eleanor's Retirement Home,inc
12315 Nw 23rd Avenue
Miami, FL 33167

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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