STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLE
	AL11967664	09/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norcrist Home, Inc	542 Nw 8th Street Miami, FL 33136	
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 S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0126 - 58a-5.021(7) Fac - Fiscal - Resident Accounting S-S= D

Specific Tag Findings:

0000-Initial Comments

A Biennial Standard Survey was conducted on , 2013. Norcrist Home Inc. had deficiencies found at the time of the visit

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

Based on observation and interview, the ALF Provider failed to facilitate 1 out of 10 (#3) sampled residents' rights to unrestricted, convenient access to a telephone with private communication.

Findings include:

Observation conducted on at 2:40 PM revealed resident #3 had requested to use the telephone. Staff D asked resident #3 "why? who are you going to call? After resident #3 had answered the question, the administrator's daughter provided resident #3 with a cordless telephone.

On at 3:01 PM, the adminsitrator acknowledged the findings. The adminsitrator daughter stated that the facility has only one telephone and resident #3 is confused, sometimes need help dialing the telephone numbers.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that residents centrally stored medications and over the counter products were kept separate from other residents.

Findings include:

Observation of the residents' centrally stored medications and over the counter products conducted on at 10:50 AM revealed that the residents medications were not separated from.

On at 10:50 AM the administrator acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967664	09/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norcrist Home, Inc	542 Nw 8th Street Miami, FL 33136	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0126-Fiscal - Resident Accounting 58A-5.021(7) FAC

Based on record review and interview, the facility failed to provide residents, who they are the representative payee of, with a monthly and quarterly statement for 6 out of 10 (#2, #3, #6, #7, #8, #9) sampled residents.

Findings include:

Record review revealed that the adminsitrator is the representative payee of residents #2, #3, #6, #7, #8, #9. Further record review revealed no documentation showing the facility provided residents #2, #3, #6, #7, #8, #9 with monthly and quarterly statements.

On /2013 at 2:57 PM, the administrator acknowledged the findings and stated that she has the financial statement information to provide to the residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2013

Administrator
Norcrist Home, Inc
542 Nw 8th Street
Miami, FL 33136

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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