STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942824	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Santa Teresita Home Care	538 West 40 Place Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - Z806 - 59a-35.040, Fac - Change Of Address S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint investigation (CCR 2013008266) was conducted on . Santa Teresita ALF had following deficiencies were identified.

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

Based on observation, record review and interview the facility failed to have an accurate admission and discharge log.

Findings as follow:

On at about 9:00 a.m. there were observed 8 residents in facility.
Record review documented the facility had no an accurate admission and discharge log by having resident #5 and #6 discharged and residents #7 and #8 not listed on the admission and discharge log.

On at about 10:30 a.m. the facility administrator (staff #1) stated the admission and discharge log was not accurate by having residents #5 and #6 as discharged and not having residents #7 and #8 listed the log.

Class III

Z806-Change of Address 59A-35.040, FAC

Based on observation, record review and interview the facility was overcapacity.

Findings as follow:

Observation on at about 9:00 a.m. found a 8 residents in the facility.

Record review documented the facility had a standard license with a capacity of 6 residents.

On at about 9:00 a.m. and during facility tour, caretaker staff #2, stated the facility had 8 residents. Caretaker was naming residents by .

On at about 10:30 a.m. the facility administrator (staff #1) stated the facility had 8 residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Santa Teresita Home Care
538 West 40 Place
Hialeah, FL 33012

Re: CCR #2013008266

Dear Administrator:

This letter reports the findings of a state complaint 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 12/3/2013 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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