

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942793	(X3) DATE SURVEY COMPLETED 10/10/2013
NAME OF PROVIDER OR SUPPLIER La Milagrosa Home	STREET ADDRESS, CITY, STATE, ZIP CODE 3341 Sw 7 Street Miami, FL 33135	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on 10/10/2013. La Milagrosa Home had deficiencies at the time of the survey.

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

Based on observation, interview and record review the Assisted Living Facility failed to limit the use of physical restraints to half-bed rails for one out of one sampled residents (#1).

Findings include:

1. Observation on _____ at 12:30 p.m. revealed that resident #1 was lying in bed with full bed rail up.
2. Caregiver_A revealed on _____ at 12:30 p.m. stated that resident #1 uses full bed rail up while on bed.
3. Record review of resident #1's file revealed that resident #1 has a consent for the use of half-bed rail dated and signed on 10/26/2012 and has a doctor order for the use of half-bed rail dated and signed on _____.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
La Milagrosa Home
3341 Sw 7 Street
Miami, FL 33135

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 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
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