STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966201	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Katia's Loving Home Inc	5130 Sw 96 Avenue Miami, FL 33165	
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 . Katia's Loving Home Inc 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, record review and interview the Assisted Living Facility failed to have doctor order for the use of half-bed rail as well as to review doctor order biannually for the use of half-bed rail and to have resident or resident's representative consent for the use of half-bed rail for three out of four sampled residents (#1, #2 and #3).

Findings include:

During tour of facility on at 1:25 p.m. was observed that resident #1's bed has attached a half-bed rail to her bed.

During tour of facility on at 1:25 p.m. was observed that resident #2's bed has attached a half-bed rail to his bed.

During tour of facility on at 1:25 p.m. was observed that resident #3's bed has attached a half-bed rail to his bed.

Record review of resident #1's file revealed that doctor order for the use of half-bed rail was done on and there was not consent of resident #1 for the use of half-bed rail on resident #1's file.

Record review of resident #2's file revealed that doctor order for the use of half-bed rail was done on .

Record review of resident #3's file revealed that there was not doctor order for the use of half-bed rail neither consent of resident #3 for the use of half-bed rail on resident #3's file.

Interview with administrator on at 2:20 p.m. revealed that residents #1, #2 and #3 use half- bed rail up while on bed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Katia's Loving Home Inc
5130 Sw 96 Avenue
Miami, FL 33165

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
XG90

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