STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967319	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Silver Days Alf	8823 Sw 151 Court Miami, FL 33196	

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
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Silver Days Alf had deficiencies at the time of the survey.

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the Assisted Living Facility failed to maintain the results of employee screening conducted by the agency in the employee's personnel file for one out of two sampled employee (RN_A).

Findings include:

1. Record review of RN_A's personnel file revealed that last employee screening result maintain in personnel file was done on while agency background screening result unit website indicated that RN_A last background screening eligible.

2. Administrator acknowledged findings on at 11:30 a.m.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the Assisted Living Facility failed to have documentation on annual basis that staff is freedom from for one out of two sampled employee (RN_A).

Findings include:

1. Record review of RN_A's personnel file revealed that last doctor documentation of freedom from was on .

2. Administrator acknowledged findings on at 11:30 a.m.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967319	**10/15/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview the Assisted Living Facility failed to maintain documentation of the qualifications of the nurse providing limited nursing services in the facility's personnel files.

Findings Include:

1. Record review of RN_A's personnel file revealed that registered nurse license expired on

2. Administrator acknowledged findings on at 11:30 a.m.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Silver Days Alf
8823 Sw 151 Court
Miami, FL 33196

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 12/12/13 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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