STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966656	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ive Home Ii Alf	22636 Sw 125 Avenue Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Ive Home Ii Alf had deficiencies at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review, interview and observation the Assisted Living Facility failed to discharge a resident that no longer met admission criteria for developing of unstageable in 1 out of 6 sampled resident file (#1).

Findings include:

Home Health Agency record review for resident #1(admitted on) revealed that based on nurse's assessment that took place on resident had an unstageable in her right heel that measured as follows: 4 cm diameter, and condition continued the same on . Physician ordered on cleanse well, cover with , cover with dry, sterile dressing. According to home health nursing notes on agency will contact podiatrist for follow up of right heel.

Interview with Licensed Practical Nurse (LPN) from home health agency on at 9:50 a.m revealed that she is providing care to resident every day, resident has an opened that has another in the same area that is filled with . LPN is following doctor order of cleanse with normal , dry, apply , cover and secure with tape. She notified home health agency the day before that resident needs a follow up with podiatrist. LPN confirmed that the Assisted Living Facility's owner is aware resident #1's right heel condition.

Interview with owner on at 10:46 a.m. revealed that she was unaware that resident #1 had an unstageable on the right heel, she though that it was an opened . Record review for administrator revealed that she is not a registered nurse or LPN.

Caregiver_A on at 10:55 a.m. stated that dressing of resident #1's right heel during morning showering.

Observation on at 10:55 a.m. revealed that resident #1 did not have cover on the right heel. Surveyor observed resident #1 sat in the living right leg elevated. no pressure on the right heel. Resident #1's right heel is circular looks like unstageable measured around 3 to 4 cm diameter, no surrounding tissue, intact surrounding skin, looked hard and dark red or black in color.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ive Home II Alf
22636 Sw 125 Avenue
Miami, FL 33170

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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121