

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966855	(X3) DATE SURVEY COMPLETED 10/29/2013
NAME OF PROVIDER OR SUPPLIER Dulce Ocaso	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 Nw 165 Street Miami, FL 33054	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was conducted on , 2013. i Dulce Ocaso had deficiencies at time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to provide a complete Health Assessment for 1 out of 2 sampled residents (#2).

Findings include:

Record review for resident #2 on , 2013 at 10:16 a.m. found that Health Assessment on file dated did not include the following:

Section 1, ... C. #1, 2, 3, 4, and 5 incomplete

Section 1 D. incomplete.

Section 2a. : B. incomplete.

Section 2b. incomplete.

On , 2013 at 12:28 p.m. administrator acknowledged these findings.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Dulce Ocaso
3910 Nw 165 Street
Miami, FL 33054

Dear Administrator:

This letter reports the findings of a state licensure 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