

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966371	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER Gables Manor Enterprises II Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 670 East 57 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring survey was performed at Gables Manor Enterprises II on 10/30/2013. One deficiency was identified at time of survey.

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

Based on record review and interview facility failed to document freedom from _____ on an annual basis for Registered Nurse contracted by facility to perform Limited Nursing Services.

Findings include:

Personnel record review of Registered Nurse contracted by facility to perform Limited Nursing Services revealed that the last statement of _____ was dated _____.

Interviewed Registered Nurse on the phone at 10:30 am and he stated: "I had a new physical exam done and I will be bringing a copy as soon as possible to the facility."

Administrator was interviewed at 10:35 am and he acknowledged that the statement of _____ of the Registered Nurse was done 2 years ago.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Gables Manor Enterprises II Inc
670 East 57 Street
Hialeah, FL 33013

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

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