STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953397	10/28/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alborada Family Home Alf Llc	5524 Sw 5 Street Miami, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey was conducted on Alborada Family Home Assisted Living Facility had the following deficiencies at time of survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have an updated written record of significant changes for 1 of 6 (#1) facility residents.

Findings as follow:

Record review documented resident #1 was receiving home health services for care. (home health contract dated Record review (Home Health Nurse's notes) documented resident was receiving home health care. Record review (Home Health records) documented the facility failed to have an assessment documenting the skin condition of resident #1 and a care plan.

Record review documented last health assessment (AHCA form 1823) available for review dated stated resident #1 had no wounds.

On at about 11:00 a.m. the facility administrator stated resident #1 had a , also stated resident was receiving Home health services for care.

The facility administrator added the facility failed to have an assessment for resident #1 from the home health agency (who performed the care for resident #1). The facility administrator also stated the facility failed to have a care plan for care for resident #1.
The facility administrator also stated the facility failed to have an updated health assessment (AHCA form 1823) for resident #1 who reflected resident #1 had a

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on record review and interview the facility failed to appoint a manager.

Findings as follow:

Record review documented the facility administered 3 facilities. Further review revealed the facility failed to appoint a manager.

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On at about 11:00 a.m. the facility administrator stated administered 3 facilities. The facility administrator also stated the facility has no manager.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Alborada Family Home Alf Llc
5524 Sw 5 Street
Miami, FL 33134

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 1/1/2014 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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