STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	**11/26/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dayliens Living Facility	**2920 Sw 12 Street Miami, FL 33135**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013009907) was conducted at on . Dayliens Living Facility had the following deficiency at time of survey.

Z827-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the agency of a change in its licensed capacity prior to allowing one resident over capacity to stay there. Resident #4 was the 7th resident residing in the facility.

Findings include:

Observation during the initial tour of the facility on at 9:00 am revealed there were 7 beds located in resident .

Review of the facility's license revealed a licensed capacity of 6 residents.

Observation on at 9:50 am revealed there was a bottle of prescription lotion and a bottle of Acetic 2% with the name of resident #4 on the labels. These medications were in the office in a blue container. Additionally, there were glucose monitoring supplies confirmed by staff A to have belonged to resident #4.

Interview with staff A on at 10:01 am revealed resident #4 came to the facility at approximately 8:00 pm on Friday ( ) and was taken by 911 at approximately 9:00 am on Saturday ( ). She confirmed that the other 6 residents were present that night and confirmed that resident #4 made the 7th resident.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Dayliens Living Facility
2920 Sw 12 Street
Miami, FL 33135

CCR #2013009907

Dear Administrator:

This letter reports the findings of a state complaint 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 2/5/2014 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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