STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965784	11/25/2013
NAME OF PROVIDER OR SUPPLIER **Century Assisted Living Facility, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **15900 Sw 72 Terrace Miami, FL 33193**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E204 - 58a-5.030(5) Fac - Ecc - Admissions & Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A Extended Congregate Care (ECC) Monitoring Survey was conducted on , 2013. Century Assisted Living Facility, Inc had deficiencies found at the time of the survey.

E204-ECC - Admissions & Continued Residency 58A-5.030(5) FAC

Based on record review and interview the facility failed to comply with the minimum admission criteria for 1 of 3 (#2) residents reviewed.

Record review of sampled resident #2's demographic information revealed the resident was admitted to the facility on
Record review of resident #2' hospice record revealed a Nursing Initial Comprehensive Assessment dated with a diagnosis of Advance .

Interview with hospice team manager on at 2:35pm revealed the resident was admitted for hospice care on while he was residing at a different ALF. On the resident was admitted to Century Assisted Living ALF. There has never been a discontinuation of hospice service for resident #2.

Interview with the administrator on at 2:46pm revealed because the resident came with hospice services from another ALF, she thought it was okay to admit him to this ALF.

Class: III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Century Assisted Living Facility, Inc
15900 Sw 72 Terrace
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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