STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965656	12/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Daisy Cuidado De Ancianos Inc	6510 Nw 2 Street Miami, FL 33126	
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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard Biennial survey was conducted on . Daisy Cuidado De Ancianos ALF had the following deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to document freedom from comunicable on annual basis for staff #1 (administrator)

Findings as follow:

Record review documented the facility failed to document freedom from communicable including on annual basis for staff #1 (administrator). Record review documented the last freedom from communicable statement for staff #1 was dated .

On at about 12:15 p.m. the facility owner/caretaker (staff #2) stated the facility failed to document freedom from on annual basis for staff #1 (administrator).

Class III.

0162-Records - Resident 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to have the following information for 1 of 5 (#5) facility residents:
Demographic information
A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
Any health care provider ' s orders for medications, nursing services, therapeutic diets,
or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
A weight record which is initiated on admission.
A copy of the written informed consent described in Rule 58A-5.0181, F.A.C.
A copy of the resident ' s contract with the facility.

Findings as follow:

On at about 8:25 a.m. it wsa observed resident #5 sleeping in # .
Record review (Admission and discharge log) documented resident #5 was admitted to facility on
Record review documnted the facility failed to have the following information for resident #5 admitted to facility on

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
A weight record which is initiated on admission.
A copy of the written informed consent to assist with self administration of medications.
A copy of the resident ' s contract with the facility.

On at about 12:15 p.m. the facility owner/caretaker (staff #2) stated the facility did not have any documentation for resident #5. Staff #2 also stated resident #5 was admitted on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Daisy Cuidado De Ancianos Inc
6510 Nw 2 Street
Miami, FL 33126

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 2/7/2014 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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