STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	01/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sara Home Care	29100 Sw 172 Avenue Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An Complaint Investigation (2013011814) Survey was completed at Sara Home Care on . There were deficiencies identified at the time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record review, and interview the assisted living facility failed to limit bed rails to half bed rails for 1 out of 4 (#3) sampled residents. The facility failed to have documentation that a doctor reviewed the order in the last six months for 1 out of 4 (#3) sampled residents.

Findings include:

Facility tour on at 11:07 a.m. found bed rails attached to resident #3's bed. Bed rails observed were cover more than half the bed.

Record review found that resident #3 was order to have only half bed rails dated , 2013. The facility failed to have proof that a doctor reviewed the ordered every six months.

Interview with the staff member in charge on at 12:50 p.m. revealed that resident #3's son brought the hospital bed with the bed rails to the facility. She stated that it was not like the other bed rails in the facility. She confirmed that the last documentation that they had for bed rails was ordered on .

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interview the assisted living facility failed to complete repairs as needed to the facility's ceilings and doors. The facility failed to be free from odors in resident areas.

Findings include:

Facility tour conducted on from 10:52 a.m. to 11:50 a.m. with staff member found that the facility is in need of some repairs. 2 has large brown stains of the ceiling. # has a crack in the ceiling and the interior door does not have a cover. The area between # , #2, and #3 have a odor. The (#3) connect to the women 's a water stain on the ceiling next to the light fixture.

Staff member in charge stated on at 10:52 a.m. that there was a leak a long time ago. Spoke to the administrator on the phone on at 11:26 a.m. and he was aware that the building needed paint. He said

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he painted two years ago and will be painting again in the in the months.

Class III

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

Based on record review and interview the facility failed to have written documentation for 1 out of 4 (#4) sampled residents.

Findings include:

Record review found that resident #4 was received a 45 day notice of discharge from the facility. The notice stated that resident #4 was demanding and had uncomfortable behavior against other resident, employees, and your several complaints regarding the facility 's service and accommodations. Other than the 45 day notice the facility does not have any documentation as to the allegations that were made on the letter. The facility's last note for resident #4 was dated . The facility did not have any documentation regarding resident #4's behavior or complaints.

Interview with staff member in charge on at 1:00 p.m. confirmed that the last note documented by the facility was dated . She said there were no notes. She said he was the only resident that complaint. She had no experience in this.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030

Re: CCR #2013011814

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2014 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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