

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966576	(X3) DATE SURVEY COMPLETED 01/02/2014
NAME OF PROVIDER OR SUPPLIER Carolina's Care Center Corp #3	STREET ADDRESS, CITY, STATE, ZIP CODE 8100 West 12 Avenue Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial Survey was completed at Carolina's Care Center Corp #3 on . There were deficiencies identified at the time of survey within this component.

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

Based on record review and interview facility failed to have 1 out 5 sampled resident's to have a Power of Attorney in his chart and a family has been signing all of the documentation's in the resident's chart without the POA.

Findings includes:

1. Record review revealed that resident #1 has been living in the facility since and his family member has been signing legal documentation's in the file without having a Power of Attorney.
2. Interviewed administrator on at 3:00 pm, she confirmed the findings in regards to resident #1 not having a POA in his file.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Carolina's Care Center Corp #3
8100 West 12 Avenue
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a state licensure 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

