STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	**01/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Celena's Senior Care	**10601 Sw 142 Avenue Miami, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was made on , 2014. Celena's Senior Care had the following deficiencies.

0167-Resident Contracts 58A-5.025(1) FAC

Based on record review the facility failed to have a contract for 1 of 2 (#1) sample residents that include the daily/monthly rate of charges. It was also documented the facility failed to have a power of attorney for 1 of 2 (#1) facility sample residents.

Findings as follow:

Record review documented the facility executed a contract with resident #1, without specifying the rate of charges. Record review documented the contract for resident #1 was signed by a resident's family member and the facility had no a power of attorney for resident #1.

On / at about 12:30 p.m. the facility administrator (staff #1) stated the facility failed to have the rate of charges for resident #1 and also stated the contract for resident #1 was signed by a family member. The facility administrator acknowledge the facility failed to have a power of attorney for resident #1.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the facility was overcapacity.

Findings as follow:

On / at about 9:30 a.m. 7 residents were observed in facility. Further observation during facility tour documented each of the 7 residents had a sleep and had their own belongings in their .

Record review documented the facility had a capacity of 6.

On / at about 9:30 a.m. the facility owner stated resident #1 was a day care.

On / resident #1 was observed in # . In this observed the personal belongings of resident #1.

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On at about 9:35 a.m. the facility administrator stated resident #1 was a facility resident that slept in # and also stated the facility had 7 residents and was overcapacity.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Celena's Senior Care
10601 Sw 142 Avenue
Miami, FL 33186

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

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