STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966773	01/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nena's Alf Care Corp	15932 Sw 101 Terrace Miami, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on , 2014. Nena's Alf Care Corp had deficiencies at the time of the survey.

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

Based on observation, record review and interview the Assisted Living Facility failed to have written doctor order and resident consent to use full bed rails for a resident who received hospice services for 1 out of 5 sampled residents (#1) as well as failed to have written doctor order for the use of half-bed rails for 1 out of 5 sampled residents (#2) and to renew the written doctor order biannually for the use of half-bed rail for 3 out of 5 sampled residents (#3, #4 and #5).

Findings include:

1. Observation on / at 8:05 a.m. revealed that in # was resident #1 resting on bed with full bed rail up.
Observation on / at 8:05 a.m. revealed that in # was resident #3's bed with a half-bed rail attached.
Observation on / at 8:06 a.m. revealed that in # was resident #2's bed with a half-bed rail attached.
Observation on / at 8:08 a.m. revealed that on # were residents #4 and #5' beds with a half-bed rail attached.

2. Record review for resident #1's file revealed that resident #1's file had a written doctor order for the use of half-bed rails dated and signed and a resident's consent to use half-bed rails dated and signed .

Record review for resident #2's file revealed that resident #2's file did not have a written doctor order for the use of half-bed rails.

Record review for resident #3's file revealed that resident #3's file had a written doctor order for the use of half-bed rails dated and signed .

Record review for resident #4's file revealed that resident #4's file had a written doctor order for the use of half-bed rails dated and signed .

Record review for resident #5's file revealed that resident #5's file had a written doctor order for the use of half-bed rails dated and signed .

3. In an interview with caregiver_A on / at approximately 8:10 a.m. revealed that resident #1 used full bed rail while on bed as well as residents #2, #3, #4 and #5 used half-bed rails up while on bed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Nena's Alf Care Corp
15932 Sw 101 Terrace
Miami, FL 33196

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring 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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