STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964770	**01/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sylvia's Senior Home	**23025 Sw 120 Avenue Miami, FL 33170**	
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 limited nursing services monitoring survey was conducted on . Sylvia's Senior Home had no deficiencies at the time of the survey.

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

Based on observation, interview and record review the Assisted Living Facility failed to have a health care provider's order for care for 1 out of 6 sampled residents (#1)

Findings include:

Observation on at 1:40 p.m. revealed that resident #1 was resting on bed with half-bed rail up and had a dressing on the right and left upper extremities and on left lower extremity.

In an interview with caregiver_A on at 1:45 p.m. revealed that resident #1 had dressing on the upper extremities as a preventive measure because resident #1 had fragility; resident #1 had a dressing on the left lower extremity because s/he had a small that a home health care agency was providing care for.

Record review for resident #1's file revealed that there was no doctor order for care of left lower extremity and there was no doctor order for dressing upper extremities.

Resident #1's home health agency record review revealed that there was no doctor order for care of left lower extremity either for dressing upper arms. There was no nursing assessment either nursing notes that demonstrated that resident #1 was receiving home health care services.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sylvia's Senior Home
23025 Sw 120 Avenue
Miami, FL 33170

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 3/19/2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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