STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	02/03/2014
NAME OF PROVIDER OR SUPPLIER **Personalized Health Services Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **8510 Sw 12th Street Miami, FL 33144**	

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 - 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 , 2014 at Personalized Health Services Corp. The following deficiencies at the time of the survey.

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

Based on observation, interview and record review the Assisted Living Facility failed to have the written order of the resident's physician for the use of half-bed rail reviewed biannually for 1 out of 3 sampled residents (#2).

Findings include:

1. Observation on at approximately 8:10 a.m. revealed that on # was resident #2's bed with a half-bed rail attached.

2. In an interview with caregiver_A on at approximately 8:15 a.m. revealed that resident #2 used half-bed rail up while s/he was on bed.

3. Record review of resident #2's file revealed that there was a doctor order for the use of half-bed rails dated and signed on .

Class III

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

Based on interview and record review the Assisted Living Facility failed to have for a hospice patient, the interdisciplinary care plan as required for 1 out of 3 sampled residents (#3).

Findings include:

1. Interview with caregiver_A on at approximately 9 a.m. revealed that resident #3 received hospice services.

2. Record review for resident #3's file revealed that resident #3 was admitted to hospice on but there was not interdisciplinary plan of care in resident #3's facility record or hospice record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Personalized Health Services Corp
8510 Sw 12th Street
Miami, FL 33144

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,

Valencia for

(305) 593-3100
Field Office Manager

AMD:sy
Enclosure
XG90

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