STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Saint Mary Adult Care	5716 Sw 149 Place Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Saint Mary Adult Care Inc had deficiencies at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review the Assisted Living Facility failed to have correctly completed the health assessment (AHCA form 1823) for 1 out of 3 sampled residents (#3).

Findings include:

In an interview with administrator on at 1 p.m. revealed that resident #3 had a and was , also that resident #3 was able to self administer and do care.

Record review of resident #3's file revealed that health assessment for resident #1 was completed on indicated that resident #3 needed medication administration and there was not documentation on the health assessment regarding care.

Class III

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 obtain the written doctor order for the use of full-bed rail and resident's consent to use full-bed rail for 1 out of 3 sampled residents (#1) as well as to review the written doctor order for the use of half-bed rail for 1 out of 3 sampled residents (#2).

Findings include:

Observation on at approximately 12:15 p.m. revealed that on # resident #1 was lying on bed with full bed rail up. Observation on at approximately 12:15 p.m. revealed that on # resident #2's bed had attached a half-bed rail.

Record review for resident #1's file revealed that there was no written doctor order for the use of full bed rail either a resident's consent to use full bed rail. There was a consent for the use of half-bed rail dated and signed and doctor order for hospital bed with bed rails dated . Record review for resident #2's file revealed that there was a written doctor order for the use of half-bed rail .

In an interview with administrator on at approximately 12:15 p.m. revealed that resident #2 used half-bed rail up while on bed.

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Saint Mary Adult Care
5716 Sw 149 Place
Miami, FL 33193

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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