AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Los Abuelito Felices II
14743 Sw 173 Terrace
Miami, FL 33187

CCR#2013012011 f/u

Dear Administrator:

This letter reports the findings of a revisit survey to a complaint conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

BB17

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
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Phone (305) 593-3100; Fax (305) 593-3121

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966645	11/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Los Abuelito Felices Ii	14743 Sw 173 Terrace Miami, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint (CCR# 2013012011) survey was conducted on . Los Abuelitos Felices II had deficiencies at the time of the survey.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview the Assisted Living Facility failed to complete and submit within one (1) business day after the incident the preliminary adverse incident report for one out of six (#6) sampled residents.

Findings include:

Record review found that resident #6 was admitted to the facility on . There is not documentation in resident #6's file that informed that resident eloped from facility on I/ .

The facility's policy stated that facility has to fill out adverse incident report 1-day and fax to AHCA in Tallahassee within 24 hours. Record review found that the facility did not have any evidence that it completed a 1 day adverse incident report for resident #6.

Interview conducted with the facility's administrator on I/ at 12:20 p.m. revealed that the facility did not submit the adverse incident report to the agency within one business day because s/he though that facility has more time to fill out the incident report.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the assisted living facility failed to ensure that 1 out of 6 (#1) sampled residents report has , agreement, annual support plan and mental health assessment while (#3) annual support plan was expired. The facility failed to identify 1 out of 3 (#1) sampled limited mental health residents on the admission and discharge log.

Findings include:

Record review found that the facility's admission and discharge log did not identify resident #1, #3, #4 and #6 as limited mental health residents.

Record review on resident #1 and #3's files revealed that resident #1's did not have a , agreement, an annual community support plan neither a mental health assessment and resident #3's annual community support

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plan was dated and signed on .

Record review revealed that residents #1, #3, #4 and #6 have been diagnosed as having a mental .

During interview with administrator on at 12:10 p.m. findings were reviewed and administrator acknowledged findings.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the Assisted Living Facility failed to provide evidence of 6 hours specialized training in working with individuals with mental health diagnoses (caregiver_A).

Findings include:

Facility's record review found that there is not record for caregiver_A, hired date , providing evidence that s/he has the required 6 hours training in limited mental health.

Interview with administrator on / at 12:10 p.m. confirmed that caregiver_A has not taken yet limited mental health training.

Class III