STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	**03/26/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Suany's Home	**20411 Sw 116 Road Miami, FL 33189**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-03/26/2014
0031-Resident Care - Third Party Services-03/26/2014
0053-Medication - Administration-03/26/2014

Revisit Repeat Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
Z827-Unlicensed Activity-408.812, Fs

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring follow up survey was conducted on 03/26/2014. Suany's Home still 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 obtain a written doctor order for the use of half-bed rail prior to use for 1 out of 8 sampled residents (#3).

Findings include:

1. Observation on at approximately 3 p.m. revealed that on employee's #3 was lying on bed with half-bed rail up.

2. Record review for resident #3's file revealed that there was not written doctor order for the use of half-bed rail.

3. In an interview with at approximately 4:10 p.m. with caregiver_B revealed that revealed that he assumed that hospice company provided the doctor order for the use of half-bed rail.

Class III
Uncorrected

Z827-Unlicensed Activity 408.812, FS

Based on observation, record review and interview the Assisted Living Facility failed to not exceed the licensed capacity of six residents.

Findings include:

1. Observation during a general tour of the facility on at approximately 3 p.m. with caregiver_A revealed that there were 7 residents in the facility at the time of the survey, residents #1, #3, #4, #5, #6, #7 and #8.

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2. Record review for admission and discharge record revealed that resident #2 date of admission , resident #2 was discharged on to Drug & rehab.

3. In an interview with caregiver_A on at approximately 3 p.m. revealed that census of the facility at the time of the survey was 8 residents but one of them was out of the facility on the program. All 8 residents lived, ate and slept in the facility.

In an interview with resident #3 on at approximately 3 p.m. revealed that he lived in the facility.
In an interview with resident #4 on at approximately 3:20 p.m. revealed that she lived in the facility.
In an interview with resident #1 on at approximately 3:20 p.m. revealed that she lived in the facility.
In an interview with resident #5 on at approximately 3:50 p.m. revealed that he lived in the facility.
In an interview with resident #6 on at approximately 3:50 p.m. revealed that he lived in the facility.
In an interview with resident #7 on at 4 p.m. revealed that he lived in the facility.
In an interview with resident #8 on at approximately 4:55 p.m. revealed that he lived in the facility since .

In an interview on at 4:10 p.m. with caregiver_B revealed that resident #2 was discharged but he was still living on the facility until when a family member will pick him up.

In an interview with caregiver_A, on at 4:38 p.m. she stated that resident#2 lived in the facility and was on the program.

Uncorrected

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Suany's Home
20411 Sw 116 Road
Miami, FL 33189

Dear Administrator:

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

BBT7

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