STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	**03/12/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lady Regla Alf	**11935 Sw 40 Street Miami, FL 33175**	
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 - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Lady Regla Alf 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 the written doctor order for the use of half-bed rail for 2 out of 3 sampled resident (#2 and #3)and resident's consent to use of half-bed rail for 3 out of 3 sampled residents (#1, #2 and #3).

Findings include:

1. Observation on at approximately 10 a.m. revealed that on # residents #1 and #2's bed had attached half-bed rail and # resident #3's bed had attached half-bed rail.

2. Record review for resident #1's file revealed that there was a consent to the use of half bed rails dated but it was not signed by resident or legal guardian.
Record review for resident #2's file revealed that there was no consent to the use of half bed rails. There was a doctor order for hospital bed dated and signed on . There was not a written doctor order for the use of half-bed rail.
Record review for resident #3's file revealed that there was not a written doctor order for the use of half-bed rail either a resident or resident's representative consent for the use of half-bed rail.

3. In an interview with caregiver A on at approximately 10:40 a.m. revealed that residents #1, #2 and #3 used half-bed rail up while on bed.
Administrator on at approximately 12:30 p.m. acknowledged findings.

Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the Assisted Living Facility failed to maintain the results of employee screening conducted by the agency in the employee's personnel file for registered nurse contracted to provide limited nursing services.

Findings include:

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1. Record review of registered nurse contracted to provide limited nursing services' personal file revealed that there was no results of employee screening conducted by agency while agency background screening result unit website indicated that registered nurse last background screening was eligible on .

2. Administrator on at approximately 12:30 p.m. they did not have the results of the registered nurse's background screening.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the Assisted Living Facility failed to have statement from health care provider of freedom of documented on an annual basis for registered nurse contracted to provide limited nursing services.

Findings include:

1. Record review of personnel file of registered nurse contracted to provide limited nursing services date of hired revealed that did not have a statement from health care provider based on an examination conducted within the last six months or 30 days after being hired that indicated that staff did not have any signs or symptoms of a communicable including .

2. Administrator on at approximately 12:30 p.m. confirmed they did not have an up to date documentation of being free from communicable including .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lady Regla Alf
11935 Sw 40 Street
Miami, FL 33175

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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