STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Redland Alf Inc	20555 Sw 187 Ave Miami, FL 33187	

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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring survey was conducted on . Redland Alf Inc 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 full-bed rail for 1 out of 3 sampled residents (#1).

Findings include:

1. Observation on at approximately 11:10 a.m. revealed that on # resident #1's bed with a full bed rail attached.

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

3. On at approximately 11:30 a.m. administrator revealed that resident #1 used full bed rail up while on bed.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review the Assisted Living Facility failed to have a doctor order to use for 1 out of 3 sampled residents (#2).

Findings include:

1. Resident #2 observed on at approximately 11 a.m. in the living an concentrator next to her placed at 2 liters and being delivered via nasal cannula.

2. Interview with administrator on at approximately 11 a.m. revealed that she did not know where could be resident #2's doctor order for and that resident #2 self-administered .

3. Record review for resident #2's file revealed that there was not doctor order for resident #2 to use concentrator.

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SUMMARY STATEMENT OF DEFICIENCIES
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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 (#1).

Findings include:

1. Interview with administrator on at approximately 11:20 a.m. revealed that resident #1 receives hospice services and that hospice's nurse informed administrator that all required documentation for resident #1 was inside resident #1's hospice record and she did not check that documentation was completed.

2. Record review for resident #1's file revealed that there was resident #1 was admitted to hospice on . There was not interdisciplinary plan of care in resident #1's facility record or hospice record.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on record review and interview facility failed to have nursing assessment conducted at least monthly for resident receiving limited nursing services for 1 out of 3 sampled residents (#1)

Findings include:

1. Record review for resident #1 file revealed that there no was nursing assessment at least monthly for resident #1 who has tube and is receiving tube feeding three times a day by nurse contracted to provide limited nursing services.

2. Registered nurse contracted to provide limited nursing services was interviewed on at approximately 11:30 a.m. and revealed that she went to facility three times a day to administered feeding and medications via (endoscopic) tube.

Administrator was interviewed on at approximately 11:40 a.m. revealed that she did not know that facility needed to have nursing assessment at least monthly when a resident received limited nursing services.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Redland Alf Inc
20555 Sw 187 Ave
Miami, FL 33187

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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