| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966645 | 04/14/2014 |
| 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 - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Standard Biennial survey was conducted on . Los Abuelitos Felices II had the following deficiencies at time of survey.

**0082-Training - / 58A-5.0191(3) FAC**

Based on observation, record review and interview the facility failed to provide ensure 1 out of 5 sampled staff is trained in /

The findings includes:

Record review revealed on at approximately 11:00 a.m. revealed that Staff A. (administrator hired - ) and staff member D (assistant secretary hired ) did not have docuementation of being trained in /

Interview with the administrator's assistant secretary on at 11:00 am she staff A & D did not have their training documents in their files in regards to being trained for /

Class III

**0090-Training - 58A-5.0191(11) FAC**

Based on record review and interview the facility failed to provide evidence of 1 out of 4 sampled employees to training in the area for ( Training).

The findings includes:

Record review revealed on at approximately 12:00 p.m. revealed that Staff C. (Manager, started - ) did not have documentation of being trained in in her files at the time of the survey.

Interview with the administrators assistant secretary on at 12:00 pm she confirmed staff member C. did not have her training document in her files in regards to being trained for .

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966645 | 04/14/2014 |
| 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)

**N277-LNS - Resident Care Standards 58A-5.031(2) FAC**

Based on record review and interview facility failed to have 1 out of 4 sampled employees to have their Registered Nurse (RN) license up to date while working with residents in the facility and under contract.

Findings includes:
1. Record review revealed that staff member E. ( RN, hired on ), did not have her up to date RN license in the facility files. Her current license expired on .

2. Interviewed staff member letter D. secretary, on , at 1:00 pm, she confirmed the registered nurse did not have a current up to date license in her file at the time of the survey.

Class III

**Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06**

Based on observation, record review and interview the facility failed to provide evidence of FDLE Level II background screening for Staff B & D.

The findings include:

Record review revealed on at approximately 11:00 a.m. revealed that Staff B (caretaker/ cook hired ) and staff member D (assistant /secretary started ) did not have documentation of of completing the Level II Background screening.

Staff B was observed interacting with facility residents and preparing meals and providing assistance with activities of daily living. Staff member D (administrator/ assistant secretary) stated she was also interacting with the residents during the survey.

Interview with administrator's assistant secretary on 04-14-14 at 11:00 am she confirmed staff B & D did not have a background screening in their files at the time of the survey.

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

Dear Administrator:

This letter reports the findings of a state licensure 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 , 2014 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 at 305-593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure
XG90

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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121