

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/28/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966672	(X3) DATE SURVEY COMPLETED 05/07/2014
NAME OF PROVIDER OR SUPPLIER Lourdes Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 14825 Sw 82st Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A unannounced Biennial Standard Survey was conducted on . Lourdes Assisted Living Facility (ALF) had the following deficiency at time of survey.

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure 5 out of the 6 sampled residents have a Power of Attorney (POA).

Findings includes:

1. Resident records reviewed revealed that 5 (#1, #2, #4, #5 & #6) out of 6 resident's family members have been signing contracts and other necessary documents in residents. Further review revealed there was no POA designating them to do so.
2. Interviewed administrator at 2:00 pm in confirmed they did not have a POA for the sampled residents.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lourdes Alf
14825 Sw 82st
Miami, FL 33193

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 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

