| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966481 | 06/02/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Alf ... Sevilla Home Care Corp | 8331 Sw 27 St Miami, FL 33155 | |
| 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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An Limited Nursing Services Monitoring Survey was conducted on ..... Alf ... Sevilla Home Care Corp 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 have resident's consent for the use of half-bed rail for 2 out of 2 sampled residents (#1 and #2).

Findings include:

1. Observation during the facility tour on ..... at approximately 11 a.m. revealed there two beds with half bed rails attached in ..... Resident #2 was resting on bed with half-bed rails up.

2. In an interview with caregiver on ..... at approximately 11:10 a.m, the caregiver stated resident #1 slept in ..... and used half-bed rails up while on bed.

3. Record review of resident #1 and #2 file revealed that there was no resident's consent for the use of half-bed rail.

Interview with administrator on , the administrator confirmed they had not obtained a consent for the use of half bed rail.

Class III

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

Based on record review and interview the Assisted Living Facility failed to have a written statement from a heath care provider documenting that registered nurse was free from communicable ..... including ..... on an annual basis.

Findings include:

1. Record review of registered nurse contracted to provide limited nursing services revealed that physical examination form including the statement verifying she is free of signs and symptoms of communicable ..... and negative ..... was completed last time on .....

2. In an interview with caregiver_A on at approximately 12:40 p.m., the caregiver stated the documentation provided to the surveyor was the only documentation of registered nurse contracted to provide

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limited nursing services available in the facility at the time of the survey.

Class III

**0161-Records - Staff 58A-5.024(2) FAC**

Based on record review and interview the Assisted Living Facility failed to have copy of current registered nurse's professional license.

Findings include:

1. Record review of registered nurse contracted to provide limited nursing services revealed that registered nurse professional license expired

2. In an interview with caregiver_A on at approximately 12:40 p.m., the caregiver stated it was the only documentation available in the facility at the time of the survey.

Class III

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

Based on interview and record review the Assisted Living Facility failed to have a health care provider's order for nursing services for two out of two sample residents (#1 and #2).

Findings include:

1. In an interview with caregiver_A on at approximately 11:10 a.m. revealed that there were two residents in the facility receiving administration by a nurse from a home health agency. Those residents were residents#1 and #2.

2. Record review for resident's #1 record revealed that there was no doctor order for resident #1 administration. According to home health agency sugar log resident #1 received 6 units twice a day.

Record review for resident's #2 record revealed that there was not doctor order for resident #2 administration. According to home health agency sugar log resident #2 received 6 units once a day.

Interview with Administrator on confirmed they did not have a physician order for resident receiving home health services.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Alf ...i Sevilla Home Care Corp
8331 Sw 27 St
Miami, FL 33155

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Services 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 there were no discernible deficiencies noted on the date of the 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:kb
Enclosure

1GGN

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