STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965980	**06/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Raffa Corp Ii	**15032 Sw 55 Terrace Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation, interview and record review the Assisted Living Facility failed to have doctor order for the use of for one out of three sample residents (#1).

Findings include:

1. Observed during tour of facility on at approximately 11 a.m. an concentrator machine on #.

2. In an interview with caregiver_A on at approximately 11 a.m. revealed that concentrator machine belongs to resident #1 and that resident #1 used concentrator machine every day at bedtime and when she needed but she self-administered . Resident #1 came from her house with the equipment and facility did not have doctor order for the use of yet.

3. Record review for resident #1's file revealed that there was not doctor order on record for the use of

Class III

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Raffa Corp Ii	15032 Sw 55 Terrace Miami, FL 33185	
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 - 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 . Raffa Corp II 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 doctor order and resident consent to the use of half-bed rails for two out of three sampled residents (#2 and #3).

Findings include:

1. Observed during tour of the facility on at approximately 11 a.m. resident #2 and #3 resting on their beds with half-bed rail up.

2. Record review for resident #2's file revealed that consent to the use of half-bed rails was not signed by resident or family and there was no doctor order for the use of half-bed rail.
Record review for resident #3's file revealed that there was no consent to the use of half-bed rails there was no doctor order for the use of half-bed rail.

3. Caregiver_A on at approximately 12 p.m. acknowledged findings.

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 did not have on an annual basis.

Findings include:

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

2. In an interview with nurse via telephone on at approximately 11:45 a.m. revealed that she will provide a copy of test results.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Raffa Corp Ii
15032 Sw 55 Terrace
Miami, FL 33185

Dear Administrator:

This letter reports the findings of a Limited Nursing Services 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:kb
Enclosure
XG90

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