| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966158 | 06/04/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Adiuvo V | 13232 Sw 85 Street Miami, FL 33183 | |
| 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

**Specific Tag Findings:**

**0000-Initial Comments**

An limited nursing services monitoring survey was conducted on . . . . . Adiuvo V 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 limit the use of to half-bed rail, have a doctor order and resident's consent for the use of bed rails for one out of two sampled residents (#1) as well as to obtain a doctor order and resident's consent to the use of full bed rail for one out of two sampled residents (#2).

Findings include:

Observation during the facility tour on . . . . . at approximately 10:15 a.m. revealed resident #2 in . . . . . resting on bed with two side rails up on the same side. The bed was against the wall and bed with foot and head board keeping resident completed restrained.

Additional observation during the facility tour on . . . . . at approximately 10:15 a.m.revealed a full bed rail attached to a bed on . . . . . .

Record review for resident #1's file revealed the resident did not have a doctor order for the use of bed rail as well as a consent to the use of half- bed rail.

Record review for resident #2's file revealed that there were a consent to the use of half-bed rail dated and signed . . . . . and a doctor order for half side rail for safety dated and signed . . . . . .

In an interview with caregiver_A on . . . at approximately 10:16 a.m. revealed that bed on . . . with attached full bed rails belongs to resident #1 and that resident #1 used full bed rail up while on bed.

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 form communicable . . . . . including . on an annual basis.

Findings include:

Record review of registered nurse contracted to provide limited nursing services revealed that physical

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examination form including free of signs and symptoms of communicable ..... and negative ..... was completed last time on .....

Nurse was interviewed on ..... at approximately 10:33 a.m. via telephone and revealed that his physical examination was up to date but he did not have it in the facility, he will turn it in.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Adiuvo V
13232 Sw 85 Street
Miami, FL 33183

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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