STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Caridad Del Cobre Alf	1310 Sw 76th Avenue Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An Limited Nursing Services Monitoring Survey was conducted on , 2014. La Caridad Del Cobre Assisted Living Facility had deficiencies at time of survey.

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

Based on record review and interview facility failed to have a statement of freedom from communicable on an annual basis for nurse contracted by the facility to provide limited nursing services as needed.

Finding include:

Record review of the nurse contracted by the facility to provide limited nursing services revealed that the last statement of freedom from communicable was conducted on .

Interview with the facility owner on , 2014 at 1:10 pm; stated: "I do not know if I am going to continue with his services; that is the reason I have not ask the nurse for the new documents."

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an up-to-date admission and discharge log.

Findings include:

Facility record review revealed that there was no admission and discharge log available for review.

Interview with the facility owner on , 2014 at 12:45 pm: stated "I know I have the admission and discharge log somewhere, I have all residents written in the log. I just can not find it now."

Class III

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

Based on record review and interview facility failed to maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files.

Findings include:

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Record review of nurse providing limited nursing services in the facility revealed that the LPN license expired on / .

Inteview on , 2014 at 1:10 pm, the facility owner stated: "I do not know if I am going to continue with his services; that is the reason I have not ask the nurse for the new documents."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Caridad Del Cobre Alf
1310 Sw 76th Avenue
Miami, FL 33144

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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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