STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Deering Retirement Home,	9730 Sw 160 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment 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

A Limited Nursing Services Monitoring survey was conducted on . . . . . South Deering Retirement Home had deficiencies at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the Assisted Living Facility failed to have a health assessment completed within 30 days of admission for one out of one sampled resident (#1).

Findings include:

1. Record review revealed that resident who was admitted on did not have a health assessment at the time of survey.

2. In an interview with administrator on at approximately 10:45 a.m. revealed that she did not have resident #1's health assessment at the facility.

Class III

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

Based on record review and interview the Assisted Living Facility failed to have evidence of a negative . . . . . examination documented on an annual basis for the registered nurse contracted to provide limited nursing services.

Findings include:

1. Record review revealed that the registered nurse contracted to provide limited nursing services last . . . . . test was date on / and expired on .

2. In an interview with administrator on at approximately 10:45 a.m. revealed that she did

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not have documentation of annual test on record for registered nurse contracted to provide limited nursing services.

Class III

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

Based on interview and record review the Assisted Living Facility failed to have a doctor's order for nursing services of ..... administration for one out of one sampled resident (#1).

Findings include:

1. In an interview with resident #1 on at approximately 9:40 a.m. revealed that he was and received administration twice a day, he had a lady nurse that came every day and administered .

In an interview with administrator on at approximately 10:45 a.m. administrator confirmed that she did not have in the facility the doctor's order for ..... administration for resident #1.

2. Record review for resident #1's file revealed that there was no doctor order for nursing services of ..... administration.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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