STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	07/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Caring Hands Assisted Living, Inc	12735 North Miami Avenue Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on . Caring Hands Assisted Living Facility (ALF) had deficiencies at time of survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review, observation and interview, the facility failed to ensure 2 out of 5 sampled residents meet the criteria for continued residency.

Findings includes:

Record review revealed Resident #1 noted the resident was bedridden and needs total care with all activities of family living (ADL). Additional record review revealed resident #1 is no longer receiving hospice care.

Record review revealed resident 2's health assessment stated the resident needs assistance in Ambulation, but all of the 6 other daily living skills her assessment were checked for total care. The resident cannot do any of the ADL skills for herself , only with total assistance by the staff.

Observation of resident 1 and 2 revealed both residents are in need of total care services from this facility at this time.

Interview with the caretaker on at 11:00 am, she confirmed the residents did not appear to no longer meet admission criteria.

Class III

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

Based on record review and interview, the facility failed to ensure 2 out 5 sampled residents to have a Power of Attorney (POA), Surrogate or Guardianship documentation in their charts.

Findings includes:

Record review found resident #4 (admitted on -) family members are signing her documents without a POA/Surrogate or Guardianship. Further record review found resident #5 (admitted on -) also did not have documentation for POA/Surrogate or Guardianship in her chart.

Interview with caretaker B on , 2014 at 12:30 pm, confirmed both residents did not have a POA/Surrogate or Guardianship in their charts

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Caring Hands Assisted Living, Inc
12735 North Miami Avenue
Miami, FL 33168

Dear Administrator:

This letter reports the findings of a standard biennial 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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