STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965726	07/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fardales Home Alf Corp	**1091 East 18 Street Hialeah, FL 33013**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 , 2014. Fardales Home Assisted Living Facility had deficiencies at time of survey.

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

Based on record review and interview, the facility failed to provide evidence of a freedom from communicable includning on an annual basis for the registered nurse contracted by facility to provide limited nursing services.

Findings include:

Personnel record review of registered nurse contracted by facility to provide limited nursing services revealed that the last communicable statement was dated and was negative.

Interview with on , 2014 at 11:12 am facility administrator stated: "I have an appointment with the nurse at the consultant office next week to renew the contract and to get the nurse's new paper work."

Class III

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

Based on record review and interview facility failed to have a health care provider order for home health nursing services for 1 out of 1 sampled resident (# 1).

Findings include:

Record review of resident # 1 revealed that there was no order for home health on the record nor on the home health agency folder.

Interview on , 2015 at 11:13 am the administrator stated "The agency has the prescription, I did not know that I need to keep a copy in the resident's record. I will call the agency for the to give me a copy."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fardales Home Alf Corp
1091 East 18 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state licensure 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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