STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Personalized Health Services Corp	8510 Sw 12th Street Miami, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services (LNS) Monitoring survey was conducted on . Personalized Health Services Corp had a deficiency at the time of the survey within the LNS component.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation and interview the Assisted Living Facility failed to ensure that only licensed staff members administer to one out of the three sampled residents (#1).

Findings included:

1. Observations on / at 1:27 p.m. revealed caregiver_A removed nasal cannula that was delivering and then turned concentrator off that was used by resident #1.

2. In an interview with caregiver_A on / at 1:27 p.m. revealed that she was not a LPN (licensed practical nurse) neither a RN (registered nurse).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Personalized Health Services Corp
8510 Sw 12th Street
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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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