STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965036	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lesende Home Care	2308 Sw 10th St Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services monitoring survey was conducted on / . Lesende Home Care had deficiencies at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview and record review, the Assisted Living Facility failed to have doctor orders for half-bed rails and to review annually for two out of three sampled residents (Resident #1 and #3).
The facility failed to have a doctor's order and the resident's consent for the use of half-bed rails prior to use of the half bed rails for one out of three sampled residents (Resident #2).

The Findings include:

1. Observation on / at approximately 8:52 a.m. revealed, there was a half-bed rail under one of the beds in #.

Observation on / at approximately 8:53 a.m. revealed, in # there was a bed with an attached half-bed rail.

Observation on / at approximately 8:55 a.m. revealed, there was a bed with an attached half-bed rail in #.

2. Record review of resident #1's record revealed, a doctor's order for half-bed rails dated and signed on / . This order was older than 1 year.

Record review of resident #2's record revealed, there was no resident consent for the use of half-bed rails and there was no doctor's order for half-bed rails.

Record review of resident #3's record revealed, a doctor's order for half-bed rails dated and signed on

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3. During an interview with caregiver-A on / at approximately 9:09 a.m. revealed, the bed with half-bed rails in # belonged to resident #2 and that resident #2 sometimes uses half-bed rails while on bed.

In an interview with caregiver-A on / at approximately 9:11 a.m. revealed, the bed with half-bed rails in # belonged to resident #1 and that resident #1 used half-bed rails while in bed.

In an interview with caregiver-A on at approximately 9:25 a.m. revealed, the doctor's order for the use of half-bed rails was in resident #1's record and this was the most recent order dated / /, the caregiver reported, they needed to wait until the doctor gave the prescription.

In an interview with caregiver-A on / at approximately 9:39 a.m. revealed, the half bed rail under one of the resident's beds in # belonged to resident #3 and resident #3 used half-bed rails while in bed and the caregivers removed the rail in the morning.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lesende Home Care
2308 SW 10th St
Miami, FL 33135

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 at (305 593-3100.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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