STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	09/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hogar De Amable Consuelo Corp	134 W 59th Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0090-Training - -58a-5.0191(11) Fac

Revisit New Tags:
0161-Records - Staff-58a-5.024(2) Fac

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial survey revisit was conducted on 17, 2014. Hogar De Amable Consuelo Corp had deficiencies identified at time of the survey.

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility STILL failed to ensure that 1 out of 5 (staff A) sampled employees who are involved in resident admissions received training in ( ).

Findings included:

Record review revealed that employee A (administrator),who is involved in resident admissions, did not documentation at the facility that she completed training.

Interviewed the owner on at 11:58 AM acknowledged that the administrator did not have the training at the facility.

Uncorrected Deficiency
Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview the facility failed to have a personnel records for 3 out of 5 (B, D, and E) sampled employees at the facility.

Findings included:

Record review found that facility did not have records for employees B, D, and E in the facility for review during the survey. The facility did not have employment applications, background screenings, or training available for review for employees B, D, and E.

Interview with the owner on at 12:11 PM stated, "I left the files at the other facility."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hogar De Amable Consuelo Corp
134 W 59th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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