

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

Revisit Corrected Tags:

0090-Training - 09/17/2014

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.

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 09/17/2014 at 12:11 PM stated, "I left the files at the other facility."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014
Amended

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

Dear Administrator:

This letter reports the findings of a Biennial revisit survey conducted on 2014 by 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

