STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	09/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residencia Nurstra Senora De La Esperanza Home Car	11125 Sw 48 Street Miami, FL 33165	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Residencia Nurstra Senora de la Esperanza had the following deficiencies:

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

Based on record review and interview the facility failed to have a freedom from communicable including ( ) statement for 1 of 6 (staff E) facility staff within 30 days of employment.

Findings as followed:

Record review showed the facility failed to have a freedom from communicable including for staff E, hired on .

On at 11:00 a.m. staff A (caretaker/owner) stated the facility did not have documentation of freedom from communicable statement for staff E.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview the facility failed to have 1 of 6 (staff E) facility staff trained in facility emergency procedures, resident behavior and needs, and providing assistance with the activities of daily living and elopement training within 30 days of employment.

Findings as followed:

Record review showed the facility failed to have staff E, hired on , trained in facility emergency procedures, 3 hours of resident behavior and needs and providing assistance with the activities of daily living, and elopement response policies and procedures.
On at 11:20 a.m. staff A (caretaker/owner) stated the facility did not have staff E trained in facility emergency procedures, resident behavior and needs and providing assistance with the activities of daily living, and elopement response.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	**09/25/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residencia Nurstra Senora De La Esperanza Home Car	**11125 Sw 48 Street Miami, FL 33165**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview the facility failed to have 4 of 6 (staff A, B, D and E) sample staff trained in 6 hours of Limited Mental Health training within 6 months of employment by an approved Department of Children and Families (DCF) provider.

Findings as followed:

Record review showed the facility held an standard license with limited mental health component. Record review documented the facility failed to have staff A (hired on . . /. . . .), staff B (hired on . . . . /. .), staff D (hired on . . . . .), and Staff E (hired on) trained in 6 hours of limited mental health by a DCF provider.

On at 11:00 a.m. staff A (caretaker and owner) stated the facility failed to have staff A, B, D, and E trained in limited mental health.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residencia Nurstra Senora De La Esperanza Home Car
11125 Sw 48 Street
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 25, 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
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com