STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968213	09/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Finca Alf, Inc	17705 Sw 218 Street Miami, FL 33170	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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 , 2014. La Finca ALF, Inc had the following deficiency found at time of the survey:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review, and interview, the Assisted Living Facility failed to have a signed consent by the resident for the use of full bed rail of residents receiving hospice services for two (#1 and #2) out of three sampled residents. The facility failed a have doctor's order and a signed consent by a for the use of half bed rail prior to use it for one out of three sampled residents (#3).

Findings included:

1. Observation on at 8:57 AM during tour of the facility found resident #3's bed had half bed rails attached to his bed in # and residents #1 and #2 rested on their bed with full bed rails up in # .

2. Review of residents #1 and 2's records revealed that both residents had consent forms for the use of half-bed rail not for full bed rails. Review of resident #3's record revealed that resident #3 did not have doctor order for the use of half bed rail or a signed consent form for the use of half bed rails.

3. Interview with caregiver_A on at 9:10 AM revealed that resident#3 used half-bed rails up while in bed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Finca Alf, Inc
17705 Sw 218 Street
Miami, FL 33170

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
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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida