STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953670	09/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
South Deering Retirement Home,	9730 Sw 160 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-09/23/2014
0162-Records - Resident-09/23/2014

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey revisit was conducted on 23rd, 2014. South Deering Retirement Home, Inc. had the following deficiency found at time of the survey:

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

Based on record review and interview, the Assisted Living Facility STILL failed to have evidence of a negative examination documented on an annual basis for nurse contracted to provide limited nursing services (LNS) .

Findings included:

Review of LNS nurse's record revealed that there was a physical examination statement referring to free of communicable and that test was negative on . Chest x-ray on record from that explained chest view including , , and appeared normal.

In an interview on at 12:24 p.m. with nurse via telephone nurse revealed that he did not have prove of negative until .

Uncorrected Deficiency
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
South Deering Retirement Home,
9730 Sw 160 Street
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a 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 9, 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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