STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	10/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nuevo Renacer Alf	540 North Perviz Avenue Opa Locka, FL 33054	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership (CHOW) survey was conducted on , 2014. Nuevo Renacer ALF had the following deficiencies at time of the survey:

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation and interview the facility failed to ensure that only licensed personnel administered treatments to 1 out 4 (#3) sampled residents.

Findings included:

Medication pass observation on at (@) 12:00 pm found that staff B took resident #3 's air HFA 90 MCG/Inhaler in her hands and approached the resident. She asked the resident to open her mouth to taker her medication. Staff B pressed the inhaler and administered the medication to resident #3.

Interview with Administrator on @ 1:15 pm confirmed that she also saw staff B administering the medication. The Administrator confirmed that the nurse who trained staff B explained her to not administer medication she only had to assist with self-administration of medication.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to an annual Community Living Support Plan for 1 out 4 of sampled resident (Resident #2). The facility failed to identify for 1 out 4 of sampled resident (#2) as a mental health resident in the admission/discharge log.

Findings included:

Record review on at (@) 10:30 am revealed that resident #2 was diagnosed with (health assessment dated) and the resident received ( ). The facility's admission and discharge log did not have resident #2 identified as a limited mental health (LMH) resident. Further record review for Resident #2 revealed the last Community Living Support Plan was dated

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Interview on @ 11:37 am with the Administrator revealed that resident # 2 was a LMH resident. Further interview with administrator confirmed that Resident #2 Community Living Support Plan and agreement were not updated.

Class III

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

Based on record review and interview the facility failed to provide documentation that 1 out of 3 (B) sampled staff received 6 hours of Limited Mental Health (LMH) training within 6 months of employment.

Findings included:

Record review on at (@) 11:00 am for Staff B (caretaker, hired on) revealed that staff B did not have documentation that she completed the LMH training within 6 months of employment.

Interview with the Administrator on @ 1:00 pm, she stated that staff B lost her limited mental health training

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Nuevo Renacer Alf
540 North Perviz Avenue
Opa Locka, FL 33054

Dear Administrator:

This letter reports the findings of a Standard Biennial 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

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