STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967448	**10/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Chanel Nursing Care Alf, Corp	**14111 Sw 43 Street Miami, FL 33175**	
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 - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Chanel Nursing Care Alf, Corp had the following deficiencies at the time of the survey.

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination on an annual basis for contracted registered nurse.

Findings include:

Review of registered nurse (RN)'s record revealed that physical examination (free of communicable and no signs of symptoms of) was last done on .

In an interview with registered nurse via telephone on at 12:51 p.m. she revealed that her annual examination for checking her status was scheduled for tomorrow ( ).

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the Assisted Living Facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney of one (#2) out of four sampled residents.

Findings include:

Review of resident #2's record revealed that resident #2's daughter signed the contract and there was no paperwork indicating that she was resident #2 ' s health care surrogate, health care proxy, and guardian.

In an interview with administrator on at 10:31 a.m. she revealed that resident #2 was not able to sign by herself and resident #2's daughter signed and took decisions for her mother and she did not have any documentation for that and she already informed resident #2's daughter that she needed a legal document for that.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

., 2014

Administrator
Chanel Nursing Care Alf, Corp
14111 Sw 43 Street
Miami, FL 33175

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davi, m
Field Office Manager

AMD:kb
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