STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965699	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abuelitos Residence Home	7855 Nw 185th Street Hialeah, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0160-Records - Facility-10/09/2014

Revisit Repeat Tags:
0162-Records - Resident-58a-5.024(3) Fac

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on . . . . . 9, 2014. Abuelitos Residence Home had the following deficiencies at time of survey.

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

Based on observation, record and interview the facility failed to have a signed consent for the use of half bed rails for 1 of 4 (#4) residents.

Findings include:

Observations during facility tour on . . . . . @ 11:45 a.m. revealed resident #4's bed had half bed rails.

Record review for resident #4(admitted on found no signed consent form for the use of half bed rails.

During interview on . . . . . @ about 12:20 p.m. the administrator explained that resident #4 used the half bed rail because she needs it, and she had a doctor order. However, the daughter had a power of attorney, and she needed to sign the consent.

Class III

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

Based on record review and interview the facility failed to maintain resident record in 2 out of 4 (#2 & 4) residents sample.

Findings include:

Record review on . . . . . @ 11:05 am of resident #4's file showed that there was no signed informed consent that an unlicensed staff assisting the resident with the self- administration of medication; Do Not Resuciate Oder and personal effect inventory documents.

Further record review on @ 11:10 a.m. showed resident #2's Home Health file was missing the care plan.

In an interview with administrator on . . . . . at 12:25 p.m. revealed that the daughter of resident #4 had to sign

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the documents, and she should have done so a long time ago.

An additional interview with administrator on @ 12:27 pm revealed that she did not have resident #2's care plan in her Home Health ' s file because the agency alleged that a care plan was too long to be in resident's #2 file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Abuelitos Residence Home
7855 Nw 185th Street
Hialeah, FL 33015

Dear Administrator:

This letter reports the findings of an abbreviated biennial revisit 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-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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