

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965579	(X3) DATE SURVEY COMPLETED 10/21/2014
NAME OF PROVIDER OR SUPPLIER Villa Esmeralda Alf	STREET ADDRESS, CITY, STATE, ZIP CODE 10310 Nw 30 Court Miami, FL 33147	
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

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on 10/21/2014. Villa Esmeralda ALF had a deficiency at time of the survey.

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

Based on record review and interview the facility failed to provide evidence of a negative examination on an annual basis of Registered Nurse contracted by facility to provide Limited Nursing Services.

Findings included:

Record review of Registered Nurse contracted by facility to provide Limited Nursing Services revealed that the last test was conducted on and was negative for

On 10/21/2014 at 9:48 am telephone interview with the Registered Nurse contracted by facility to provide Limited Nursing Services, he stated that he had a new test done in the beginning of 2014 and that he will send the report to the facility.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Villa Esmeralda Alf
10310 Nw 30 Court
Miami, FL 33147

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey that was conducted on 1, 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 1/ 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

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