STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965976	11/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Reyes Home Care	1111 Sw 103 Court Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Reyes Home Care had deficiencies found at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review, observation, and interview the facility failed to have a face to face medical examination after significant changes in activities of daily living or nursing services for 1 out of 8 (#1 and #5) sampled residents.
Findings included:

Record review revealed that resident #1's initial health assessment dated documented communicable , which can be transmitted to other residents or staff marked as yes. Bedridden marked as yes, pressure sores with the number two, and the question pose a danger to self or others also marked as yes. The doctor documented on the health assessment that in his opinion resident #1's needs be met in an assisted living facility.

Resident #1 was observed at lunch, she sat at the table with all of the other residents. Then she sat at the game table with other residents during activities time and resident was also observed sitting in the community other resident reading magazines and communicating with the staff. Resident was observed walking around the facility without assistance from staff.

The facility did not have documents for resident #1 regarding care in her chart from any agency or nursing notes stating resident was in need of these care services while living at the facility since being admitted on . The observations notes in the residents charts doesn't state she had any pressure sores at anytime or had a prescription from a doctor for that service.

Record review found resident #5's most recent health assessment dated . Documented that resident #5 require 24 hour nursing or care marked as yes and the doctor noted "patient has / hemiporesis."

Interviewed administrator on at 2:45 pm, she confirmed the findings in regards to resident #1 and #5's health assessments. Administrator stated she needed to reschedule a face to face with the doctor for the actual services for each of the residents needs are to be met.

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

Based on observations, record review, and interview the facility failed to limit bed rails to half bed rails for 1 out of 8 (#4) sampled residents. The facility did not have bed rail orders and signed consent forms for the use of bed rails for 2 out of 8 (#4 and #5) sampled residents.

Findings included:

Facility tour on [illegible] at 9 am found resident #4's bed with full bed rails and resident #5's bed with 2 sets of half bed rails.

Record review for residents #4 and #5 found the facility did not have any documentation in their charts of half bed rails orders. The facility also did not have consent forms signed by residents #4 and #5.

Interviewed administrator on [illegible] at 2 :30 pm, she confirmed the findings that both residents #4 and #5 did not have signed consent forms for bed rails or physicians orders for the rails.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Reyes Home Care
1111 Sw 103 Court
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 17, 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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