STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965036	11/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lesende Home Care	2308 Sw 10th St Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-11/10/2014

Revisit Repeat Tags:

Revisit New Tags:
0007-Admissions - Criteria-58a-5.0181(1) Fac

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on 10, 2014. Lesende Home Care had a deficiency at time of survey.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interview facility admitted a resident that did not meet the admission criteria to be admitted in an assisted Living Facility for 1 out of 3 sampled residents (#3).

Findings included:

Record review of resident # 3 revealed that resident was admitted on .

Record review of resident # 3 revealed that the health assessment was done on and states that resident requires assistance with eating and and total assistance with ambulation, bathing, dressing, toileting and transferring.

On , 2014 at 11:05 am staff A stated that the resident # 3 needs to be bathed, fed, dressed, she is not able to transfer or to walk and she is totally of and feces.

Facility owner spoke to resident # 3's son on the phone on , 2014 at 11:35 am and let him know that resident is not a to be admitted in an Assisted Living Facility.

Facility owner stated on , 2014 at 11:40 am that resident # 3 does not meet the admission criteria to be in and Assisted Living Facility but that resident # 3's son is a doctor that works close to the facility and that another resident of the facility is related to resident # 3 and that resident # 3's son insisted on admitting his mother to the facility. Facility owner also stated to surveyor at 11:40 am that he will discharge the resident from the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lesende Home Care
2308 Sw 10th St
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than 1, 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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