STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964927	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Richland Retirement Senior Home	3508 Sw 26 Street Miami, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards 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 . Richland Retirement Senior Home had the following deficiencies found at the time of the survey:

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview the facility failed a 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, for a census of 14 residents on hand at all times.

Finding included:

On at 8:25 AM during the facility tour, observed the emergency food closet with half of the emergency food supply expired. The emergency food cans expired on the following dates , , , and .

Interview with administrator, manager, care giver, and consultant on at 2 PM revealed that those can were supposed to be disposed the day of the survey ( ) and that this have never happened before.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out 14 sampled residents had a completed Power of Attorney (POA) with the notary's information documental.

Findings included:

On at 12:00 PM, record review found resident #1 (admitted on)'s family member was signing her documents without a notarized POA. Power of attorney was found on the resident's record missing the stamp of the Notary Public located on the form.

Interview with the facility's consultant/notary public on , stated that the POA did not need a stamp and that this POA is valid.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Richland Retirement Senior Home
3508 Sw 26 Street
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 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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