

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967248	(X3) DATE SURVEY COMPLETED 12/01/2014
NAME OF PROVIDER OR SUPPLIER Hogar De Abuelos	STREET ADDRESS, CITY, STATE, ZIP CODE 3240 Nw 18 Street Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
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 _____, 2014. Hogar de Abuelos had deficiencies at time of survey.

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

Based on record review and interview facility failed to honor resident rights regarding the use of half bed rail for 1 out of 3 sampled residents (# 3).

Findings included:

Record review of resident # 3 revealed that the last prescription for use of half bed rail was dated _____.

On _____, 2014 at 10:25 am administrator stated that he will ask the primary care physician a new prescription for half side rail for resident # 3.

Class III

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

Based on record review and interview facility failed to provide evidence of a negative _____ examination on an annual basis for 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 last _____ statement was dated _____ and was negative.

On _____, 2014 at 10:05 am facility administrator stated that he spoke on the phone with the Registered Nurse contracted by facility to provide limited nursing services and that the nurse will fax him the expired documentation.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hogar De Abuelos
3240 Nw 18 Street
Miami, FL 33125

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring 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

