STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	12/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Mercedes Boarding Home	3418 Sw 23rd Terrace Miami, FL 33145	
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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Las Mercedes Boarding Home had deficiencies found at time of the survey.

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

Based on record review and interview, the facility failed to maintain time sheets for all the staff.

The findings included:

Observation on at 11:00 AM showed that all staff were providing personal services to residents.

Review of the facility records showed they did not maintain time sheet records for the staff members.

During an interview on at 2:45 PM, the caregiver stated, the staffs signed the times sheets weekly. We are going to purchase a time clock.

Class III

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

Based on record review and interview, the facility failed to ensure that two out of ten resident have a signed informed consent for unlicensed staff assisting the residents with the self-administration of medication.

The findings include:

Resident record review for Resident #9 and #10 did not have evidence that a written informed consent were obtain from the residents or resident's surrogate, guardian, or attorney-in-fact's.

On at about 3:00 PM the facility caregiver stated that she provides assistance with the self-administration of medication to Resident #9 and #10.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, 2 out of 10 resident records reviewed (Resident #9 and #10) did not contain a resident contract with the facility executed at or prior to admission.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910977	**12/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Las Mercedes Boarding Home	**3418 Sw 23rd Terrace Miami, FL 33145**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of Resident's #9 (admitted on /) and #10 (admitted on) records showed it did not contain a resident contract with the facility executed at or prior to admission.

On at about 3:00 PM, the caregiver stated that in-fact, the facility had not executed and entered into a contract with Resident #9 and #10.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2014

Administrator
Las Mercedes Boarding Home
3418 Sw 23rd Terrace
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on 3, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com