STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964920	12/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Home Away From Home Alf Inc	1851 Sw 142nd Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on , 2014. A Home Away From Home ALF, Inc. had deficiencies at time a survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to provide a health assessment (AHCA form 1823) done by a health care provider as part of the admission criteria for 2 out of 2 sampled residents. (#1 and #2).

Findings included:

Record review of resident # 1 (DOA revealed that there was no health assessment (AHCA form 1823) done by a health care provider as part of the admission criteria.

Record review of resident # 2 (DOA revealed that there was no health assessment (AHCA form 1823) done by a health care provider as part of the admission criteria.

Facility administrator stated on the phone on at 1:20 pm that she was sure that health assessments were done and that they were on the residents' record.

Caregiver stated on at 1:10 pm: "It is true that health assessments are not in the records.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on record review and interview facility failed to provide evidence of having a Registered Nurse contracted or employed to provide limited nursing services.

Findings included:

License review revealed that facility has limited nursing services component.

Registered Nurse credentials were requested to caregiver who stated on at 1:20 pm: "I cannot find the limited nursing services record."

On at 1:25 pm facility administrator stated on the phone: "I have the nurse file with me at home, but I am sick with the Flu and I am not able to go there now. It will be there when you come back to follow up."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
A Home Away From Home Alf Inc
1851 Sw 142nd Avenue
Miami, FL 33175

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
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