STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968485	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Isa Home Corp	13316 Sw 112th Ct Miami, FL 33176	
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0120 - 429.17(3) Fs: 429.275(1)58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Isa Home Corp. had deficiencies at the time of the survey.

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

Based on observation, record review and interview the facility failed to obtain a written physician's order for the use of a half-bed rail for 1 out of 2 (Resident # 1) sampled resident.

Findings included:

Observation on at 9:00 AM showed that Resident #1 had half bed rails attached to her bed.
Record review on for Resident # 1 did not have any written physician's order for the use of half bed rails.
During an interview on at 1:30 PM, administrator acknowledges the findings and she stated, "I do not have the physician's order for the half bed rail in her record".

Class III

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

Based on observation and interview, the facility failed to provide food based on habits and preferences. The facility failed to serve meals that no more than 14 hours elapse between the end of an evening meal containing a protein and the beginning of a morning meal.

Findings include:

Observations on at 9:20 AM found that the facility's refrigerator and storage did not have enough food to serve 7 residents.

During confidential interview conducted with two facility residents on at 9:30 AM stated that the facility runs out of food, they served the same thing every day. They do not get snacks.

During an interview on at 1:30 AM, the administrator stated " I did not know that there was no food in the facility. The staff did not call me. Families members like to bring snacks for the residents. "

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Class III

0120-Fiscal - Financial Stability 429.17(3) FS: 429.275(1)58A-5.021(1) FAC

Based on observation, record review, and interview, the facility failed to demonstrate a sound financial order to ensure adequate resources to meet resident needs.

Findings include:

Observations on at 9:20 AM found that the facility's refrigerator and storage did not have enough food to serve 7 residents.

During an interview on between 9:15 AM to 1:30 PM, the residents stated that the facility runs out of food, they served the same thing every day. They do not get snacks.

During an interview on at 1:30 PM, the administrator stated that the staff in charge of the facility needs to inform her when they need supplies. I am sick at this time but I do not receive any call from the facility's staff. She stated that she will fax the facility's income and expense to the local agency office. Facility's income and expense was not received by the agency.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure that 1 out of 2 (Resident #1) record includes required documentation of power of attorney.

The findings include:

Record review conducted on showed that Resident #1's file contains documents which have the signature of Resident's #1 family member. Further record review of resident #1's file did not reveal the required documentation designating resident #1's family member as the health surrogate, power of attorney, or guardian.

During an interview on at 2:00 PM, the administrator, acknowledged and confirmed that the required documentation was not on file.

Class III

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ZB27-Unlicensed Activity 408.812, FS

Based on observation, interview, and record review, the facility failed to notify the agency of a change in its licensed capacity prior to allowing one resident over capacity to stay there.

The findings include:

Facility tour on at 9:00 AM found that the facility had a census of seven residents. Record review showed the facility's admission and discharge log did not have Resident #4. Resident #4 was marked as daycare participant.

During an interview on at 1:30 PM, the administrator stated that Resident #4 was a facility resident. Resident #6 will be transfer to another Assisted Living Facility today.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Isa Home Corp
13316 Sw 112th Ct
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on , 2015 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

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