

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966971	(X3) DATE SURVEY COMPLETED 02/24/2015
NAME OF PROVIDER OR SUPPLIER Los Tres Milagros Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 10681 Sw 182 Street Miami, FL 33157	
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 . Los Tres Milagros Corp. had the following deficiencies found at the time of the survey.

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

Based on observation, record review and interview the facility failed to note meal substitution before or when the meal is served.

Findings Included:

On at 11:45 AM observation made for the lunch the residents were served Spanish omelet with: eggs(2 ham(1 oz), onion/potato(1 cup), rice(1/2 cup), mixed salad(1 cup), salad dressing (1 T), peaches(1/2 cup) drink(8 oz.).

Review of the menu has the lunch listed to be served the same. Review of the last six months menu; was noticed that no substitutions had been noted on the menu.

On at 1:20 PM interview with Administrator acknowledge that facility had not kept writing the substitution on the menu.

Class III

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

Based on record review and interview, the facility failed to ensure 1 out 7 sampled residents (#6) to have a Power of Attorney (POA), Surrogate or Guardianship documentation in their charts.

Findings included:

On at 11:00 AM, record review found resident #6 (admitted on) family member is signing his documents without a POA/Surrogate or Guardianship notarized properly.

On at 1:20 PM during the interview with administrator, stated that, she was going to request one from resident's son to have in file.

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Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Los Tres Milagros Corp
10681 Sw 182 Street
Miami, FL 33157

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

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