STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965173	02/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Xiomara Home	4321 Sw 1 Street Miami, FL 33134	
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 - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2015. Xiomara Home had the following deficiencies at time of the survey:

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

Based on observation, record review and interview facility failed to have a written order of pure diet for 1 out 3 (#1) residents sampled.

Findings included:

Observation on at 11:07 am revealed that resident #1 was chewing cookies (not pure) with soda for snack. Lunch observations on at 12 pm found that residents #1 was served a pure meal with the other residents (#2 and #3).

Record review on at 10:33 am revealed that residents (#1 and 2) had physicians' orders for pure diet, however, resident #1 did not have a physician' s order in file.

Interview with Administrator on at 11:30 am revealed that it was easy and fast to prepared residents (# 1, 2, and 3) because they ate pure meals.

An interview on at 11:54 am the Administrator acknowledged that resident #1 did not have a written order for pure diet at time of survey.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a clean environment and ensure that the backyard is free from debris and are maintained.

Findings included:

Observation on at 9:00 am revealed that the facility's back yard had debris. Moreover, the right side of the facility was not organized. Further observation on at 9:20 am revealed that the to # and # had cracked tiles.

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An interview on at 10 am with the Administrator revealed that she repaired the ceiling, and she acknowledged that the debris needed to be picked up and the right side of the facility needed to be organized.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Xiomara Home
4321 Sw 1 Street
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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