STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dios Da El Mana Corp	9980 Sw 1 Street Miami, FL 33174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

A limited nursing services survey monitoring was conducted on , 2015. Dios Da El Mana Corp had the following deficiencies at time of the survey.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have a new health assessment after a changed in condition for one (#4) out of four sampled residents.

Findings include:

Record review of Resident #2's file revealed that Health Assessment (AHCA FORM 1823) completed on and it indicated that Resident #2 needed supervision on all activities of daily living (ambulation, bathing, dressing, eating, self-care, toileting, transferring) and that resident was no bedridden.

In an interview with caregiver_A on at 2:14 PM revealed that resident #2 had a changed and it was supposed to have a new health assessment.

Class III

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

Based on observation and record review, the Assisted Living Facility failed to limited the physical to the use of half bed rails for one (#3) out of four sampled residents.

Findings include:

Observation on at 2:21 PM revealed Resident #3 resting on bed with full bed rail up.

Record review for Resident #3's file revealed that there were a resident consent to the use of half-bed rails dated and signed on and a doctor order for half-bed rails dated and signed on

Class III

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	AL11967411	02/23/2015
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0053-Medication - Administration 58A-5.0185(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have a licensed nurse to administered medicines to one (#1) out of four sampled residents.

Findings include:

Record review for Resident #1 ' s file revealed health assessment (AHCA form 1823) completed on . indicated that resident #1 needed medication administration. Review of medication observation record for Resident #1 revealed that it was initialed by caregiver_A.

In an interview with caregiver_A on at 2:14 PM revealed that it was supposed to have a new health assessment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of a limted nursing services monitoring 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 Supevisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis,RN
Field Office Manager

AMD:kb
Enclosure

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