STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966981	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Zuser's Senior Care	9603 Sw 44 Street Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2015. Zuser's Senior Care had the following deficiencies at time of the survey.

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

Based on record review and interview the facility failed to have documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney for 1 of 5 (#4) sample resident.

Findings included:

Record review on at 10:00 am for Resident #4 found no documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney. The resident's contract was signed by a person other than Resident #4.

Interview on at 11:00 am, Staff A confirmed that Resident #4's contract was signed by someone other than resident #4. Staff A stated, the facility had no documentation of a power of attorney for Resident #4.

Class III

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview the facility failed to have an annual community living support plan for 1 out of 5 (#1) sampled residents.

Finding included:

Record review on at 10 am found that the facility's admission and discharge log listed Resident #1 marked as a limited mental health (LMH) resident who was admitted to the facility on .

Further record review on at 10:10 am revealed that Resident #1's last health assessment (dated on) was diagnosed as ( ). Record review found that the last community living support plan examination was dated on .

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Interview on at 10:52 am with the Resident's #1 family member revealed that he was diagnosed as and received his Supplemental Security Income (SSI).

Interview with Staff A on at 11:13 am confirmed that Resident #1 was a limited mental health (LMH) resident who had a psychiatrist.

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on observation, record review, and interview the facility failed to ensure that 1 out of 4 (B) employees received a minimum of 6 hours of training in Limited Mental Health (LMH) within 6 months of employment.

Findings included:

Observation on at 9:00 am revealed that Staff B was working in the facility at time of survey.

During a personnel record review on at 9:55 am revealed that facility failed to have the 6 hours of training in Limited Mental Health for Staff B. Staff B was hired on .

Interview on at 1:00 pm, Staff A acknowledged that Staff B did not have her LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Zuser's Senior Care
9603 Sw 44 Street
Miami, FL 33165

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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