STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nuevo Renacer Alf	540 North Perviz Avenue Opa Locka, FL 33054	
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 - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Inspection (CCR#2015001145) survey was conducted on , 2015. Nuevo Renacer ALF had 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 staff interview the facility failed to ensure that resident health assessment are completed every three years or sooner for 1 out of 7 sampled residents (#3).

The findings included:

Record review on at 10:30 revealed that Resident # 3's last health assessment (Form 1823) was dated on / /.

Interview with the Administrator on at 2:00 pm, she confirmed that Resident #3 health assessment needed to be updated.

Class III

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, record review and staff interview the facility failed failed to have written notes regarding an elopement for 1 out of 7 sampled residents (#5).

The findings included:

Observation on at 8:00 am revealed that Staff A had to use a small chair to open the door, which was secured with a manual locked. Per Staff A she used (the manual) lock only during night time but she forgot to open it.

During an interview with the Administrator on at 2:00 pm, she stated that the door had to be

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nuevo Renacer Alf	540 North Perviz Avenue Opa Locka, FL 33054	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

locked during night because Resident #5 tried to go out a couple of week ago. Administrator also explained that she advised family member about the incident and they agreed to lock the door.

A record review on at 10:00 am to Resident #5's Form 1823 stated that she was not elopement risk. Also, Resident #5's progress note did not have information about the incident.

Interview with the Administrator on at 2:00 pm revealed that she stated that she did not know that the 1823 elopement risk information needed to be updated.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observations and interview the facility failed to provide diversified activities and consult the residents in selecting , planning, and scheduling activities.

The findings included:

Observation on at 8:00 am revealed that Staff A had to use a small chair to open the door, which was secured with a manual locked. Per Staff A she used (the manual) lock only during night time but she forgot to open it.

Interviews on from 1:05 pm - 1:20 pm revealed the following information:

Resident # 3 stated, " There is no activity, I need to walk and go out ... I need exercise for my legs. I need to feel the air and get some sun."

Resident #4 stated that the facility offered to play bingo but she did not like to play bingo. "I liked to walk but I am not allowed to walk outside." Resident #4 stated, "I like to take sun light. "

Resident # 5 stated, "This is a jail ... There is nothing to do. All the time the same, there is no place to go. "

Interview on at 9:10 am Staff A explained a usual day of work in the following way: " Morning, I assist residents to take a bath, make the breakfast and provides medications. Then, I start to make the lunch, when I finish I clean the facility, and I assist residents with to go to the I wash clothes. Around 5:00 pm, I make dinner and services. Then, I make a light snack to go to bed and time to put everybody to sleep. "

An interview with the Administrator on at 2:00 pm she stated, " The residents refused to walk

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nuevo Renacer Alf	540 North Perviz Avenue Opa Locka, FL 33054	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

outside." She stated that the door had to be locked during night because Resident #5 tried to go out a couple of week ago. Administrator also explained that she advised family member about the incident and they agreed to lock the door.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based in observation, record review and interview the facility failed to ensure the facility Admission / Discharge log was up to date.

The findings included:

Observation on at 8:10 am revealed that the facility had Residents #1, 2, 3, 4, &5 at the time of survey.

Facility record review on at 10:20 am for Admission/Discharge log revealed that a Resident (# 2) was not on the log. Resident #2 was admitted on .

Interview on with the Administrator revealed that Resident #2 recently moved to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Nuevo Renacer Alf
540 North Perviz Avenue
Opa Locka, FL 33054

RE: CCR #2015001145

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey that was conducted on 3, 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

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com