STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968099	03/16/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CUTLER BAY VILLAGE ALF	10425 SW 212 STREET MIAMI, FL 33189	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A standard biennial survey was conducted on . Cutler Bay Village ALF had deficiencies at the time of the survey.

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

Based on observations, record review, and interview, the facility failed to an updated health assessment for 1 out of 4 (Resident #2) sampled residents.

Findings include:

Observation on at 9:00 AM showed Resident #2 was lying on her bed.

Review of Resident #2 record showed she was admitted at the facility on . The Health Assessment done on documented that the resident needed assistance with the activities of the daily living.

Review of Resident #2 hospice record showed she was admitted on hospice . The record documented that the resident is bedbound and needed total assistance with the activities of daily living.

During an interview on at 2:00 PM, the administrator stated that the health assessment of Resident #2 was no updated after the resident been admitted in hospice.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, facility failed to have in record the medical statement for free of communicable and annual evidence of being free of for the registered nurse contracted to provide limited nursing services.
Findings include:
Record review of Registered Nurse's personnel file revealed that physical examination dated but it did not document that nurse was free of communicable neither that he was negative to .

Interview conducted on at 11:15 AM via telephone, Registered Nurse (RN), revealed that he will visit primary physician to obtain the clarification for the test and free of communicable statement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cutler Bay Village Alf
10425 Sw 212 Street
Miami, FL 33189

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
XG90

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