STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965168	**04/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ISA ADULT HOME CARE	**4363 SW 146 AVENUE MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on / . Isa Adult Home Care had the following deficiencies at time of the survey.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview 1 out of 2 resident records (#2) did not contain a resident contract with the facility executed at or prior to admission.

Finding included:

Record review on showed that Resident #2 (admitted on /) contract (dated /) was not signed by resident, legal guardian or responsible party.

During an interview on at 2:00 PM, Facility Owner acknowledged that in-fact the facility had not executed and enter into a contract with Resident #2 (contract is not signed). Furthermore she stated " resident has a power of attorney and the representative did not sign the contract " .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Isa Adult Home Care
4363 Sw 146 Avenue
Miami, FL 33175

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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