STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	04/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HEARTLAND HEALTH CARE CENTER-K	9400 SW 137TH AVENUE KENDALL, FL 33186	

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

0000 - Initial Comments

A limited nursing services survey monitoring was conducted on , 2015. Heartland Health Care Center- K with Limited Nursing Services component had the following deficiencies found at time of survey.

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

Based on record review and interview, the Assisted Living Facility failed to have evidence of a negative examination documented on an annual basis for registered nurse employed to provide limited nursing services.

Findings include:

Review of registered nurse's record revealed that last negative examination was documented on .

In an interview with registered nurse on at 2:38 PM stated " I guessed because the human resource was out she was the one to schedule the physical exam."

Class III

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

Based on observation, interview and record review, the Assisted Living Facility failed to have doctor order in record that indicated the frequency of change and who was responsible for care for one out of four sampled residents (#3).

Findings include:

Observation on at 12:55 p.m. revealed that Resident #3 was resting on bed in # with half-bed rails up and had a (flexible tube uses to drain and collect from the) in place, the bag had 100 ml of pale yellow , and there were no signs of noted.

In an interview with license practical nurse on at 12:58 PM revealed that hospice was providing care and they changed the once a month for Resident #3.

Review of Resident #3's record revealed that Resident #3 received hospice services. There was a doctor order for discontinuing 16 Fr (measurement of a 's circumference) and replace with 18 Fr 20 cc balloon dated and signed on / .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Heartland Health Care Center-K
9400 Sw 137th Avenue
Kendall, FL 33186

Dear Administrator:

This letter reports the findings of a limited 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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