

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968122	(X3) DATE SURVEY COMPLETED 05/05/2015
NAME OF PROVIDER OR SUPPLIER ADULT LEISURE LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15650 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on . 2015. Adult Leisure Living, Inc. with Limited Nursing Services had a deficiencies within this component at time of survey.

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

Based on record review and interview facility failed to provide evidence of a negative statement on an annual basis for Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last test (Chest X-Ray) was conducted on .

On at 10:30 am facility administrator stated that they are planning to remove the limited nursing services component from the facility license.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interview facility failed to keep an updated copy of the license of Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that her license expired on .

On at 10:30 am facility administrator stated that they are planning to remove the limited nursing services component from the facility license.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Adult Leisure Living, Inc
15650 West Bunche Park Drive
Miami Gardens, FL 33054

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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