STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967448	**06/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CHANEL NURSING CARE ALF, CORP	**14111 SW 43 STREET MIAMI, FL 33175**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2015004489) was conducted on , 2015. Chanel Nursing Care Alf, Corp with Limited Mental Health and Limited Nursing Services components had the following deficiency at time of the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview and record review, the Assisted Living Facility (ALF) accepted inappropriate residents for one out six sampled residents (Resident #6).

Findings included:

In an interview with on at 9:45 AM, it was revealed Resident #1 was receiving hospice services in the facility. Resident #6 had a but was sent to the hospital and later admitted in a rehab.

An interview with Administrator on at 11:40 AM revealed that when Resident #6 was admitted to the ALF for the second time, Resident #6 was able to transfer with assistance but having difficulty. Statement made by the doctor on / that Resident #6 was bedbound, bedridden and needed total care for bathing was true due to at the time of assessment Resident #6 already changed condition.

Record review revealed that Resident #6 was admitted to Assisted Living Facility on and discharged on to the hospital. Health assessment (AHCA form 1823) completed on , documented the medical diagnosis as , II, ; Physical limitations: gait abnormality, bedbound; or behavioral status was ; resident needs assistance with ambulation, dressing, eating, self-care), toileting, transferring and needs total care with bathing and was bedridden. Resident #6's first admission to ALF was on and discharged on /4 to hospital.

Resident #6's hospice records revealed that Resident #6 admission was on / with diagnosis of (ES). Nursing assessment revealed that Resident #6 had to measuring 0.5 cm x 0.5 cm each. to right big toe ( ) completed by Hospice Nurse #2 on . Assessment summary done on / by Hospice Nurse #2 revealed that Resident #6 was unable to turn herself in bed secondary to process, to upper and lower extremities. Integumentary assessment done by Hospice Nurse #3 on revealed that Resident #6 had sacrum doctor order for skill nurse clean the with normal , dry, the tame strip and sylvadene cream, cover with 4 x 4, and secure with tape; measures were 4.0 x 3 .5 x 2 of 2.5 at 3 o ' clock. Nursing note completed by Hospice Nurse #1 on revealed that Resident #6 had in the sacrum onset resolved date in the sacral onset resolved date , in the bed beefy/red ( ) edges/margins macerated and surrounding tissue the sacral onset resolved date , left big toe onset / resolved

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SUMMARY STATEMENT OF DEFICIENCIES
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0007 Continued From page 1

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Chanel Nursing Care Alf, Corp
14111 Sw 43 Street
Miami, FL 33175

RE: CCR #2015004489

Dear Administrator:

This letter reports the findings of a Complaint 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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