STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965726	**05/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FARDALES HOME ALF CORP	**1091 EAST 18 STREET HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial was conducted on , 2015. Fardales Home ALF Corp with Limited Mental health and Limited Nursing Services component had the following deficiencies found at time of survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to have a completed health assessment for one out of six (#3) sampled residents.

Findings included:

Record review found that the facility did not have the health assessment dated for resident #2 completed. Resident #2 was admitted on . The health assessment did not have documentation resident's weight, height, if resident is an elopement risk.

Interview on at 3:00 PM with the administrator after review of the health assessment verified it was not completed.

Class III

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting that registered nurse was free from communicable including on an annual basis and failed to have evidence of a new professional license for the registered nurse.

Findings included:

Record review on of registered nurse contracted to provide limited nursing services revealed that physical examination form including the statement verifying she is free of signs and symptoms of communicable and negative was dated and expired on .

Interview with Administrator on at 3:45 PM after review of file confirmed the nurse contracted did not have the current physical updated and available in the facility at the time of the survey.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have a approved emergency manage plan.

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

0160 Continued From page 1

Findings included:

Observation made on at 9:00 AM during tour found the Comprehensive Emergency Management Plan (CEMP) letter posted on wall dated for . The plan expired on .

Interview with the Administrator on at 3:30 PM acknowledge that she submit the CEMP and have not receive the approval letter yet.

Class III

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

Based on record review and interview the facility failed to record weights semi-annually for one out of six (#3) sampled residents who receives assistance with activities of daily living.

Findings included:

Record review found that the facility health assessment dated show he receives supervision with bathing, dressing, and and is independent with the other ADL's. The weight sheet for resident #3 did not have documentation of his weights documents semi annually. Resident #1 was admitted on .

Interview on at 4:00 PM with the administrator after review of the health assessment and weight log verified it did not have resident#3's weights documented every six months.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Fardales Home Alf Corp
1091 East 18 Street
Hialeah, FL 33013

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 Evalautor Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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