| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966855 | 06/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>DULCE OCASO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3910 NW 165 STREET<br>MIAMI, FL 33054 | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on , 2015. Dulce Ocaso with Limited Mental Health component had the following deficiencies found at time of the survey:

**0008 Admissions - Health Assessment**

Based on record review and interview the facility failed to provide a complete Health Assessment for 1 out of 6 sampled residents (#3).

Findings include:

Record review for Resident #3 on at 11:18 AM found the Health Assessment AHCA Form 1823 on file dated did not include the following:
Section 1 C. #1, 2, 3, 4, and 5 were incomplete
Section 1 D. was incomplete.

On at 2:15 PM Staff A. stated, "I will get in touch with the doctor and have him properly complete the assessments."

Class III

**0055 Medication - Storage and Disposal**

Based on observation and interview the facility failed to ensure mediations were properly stored and secured.

Findings include:

On at 9:05 AM during tour of the facility's medication locker was observed open, the cabinet was located in the ALF's office, and has a latch and a lock, the lock was on the latch however the lock was open with the key still on the lock.

On at 2:05 PM Staff A. stated, " I will go over the locked medications policy with all the staff. "

Class III

**0167 Resident Contracts**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966855 | 06/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>DULCE OCASO | STREET ADDRESS, CITY, STATE, ZIP CODE<br>3910 NW 165 STREET<br>MIAMI, FL 33054 | |

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

Based on record review and interview the facility failed to have an executed contract for 2 out of 6 (#1 & 3) sampled residents. The facility failed to have the current monthly rate documented and Administrator signature for 2 out of 3 (#1 & 3) sampled residents contracts.

Finding include:

Record review on revealed the facility failed to have the current monthly rate documented, and the Administrator's signature was blank on the executed contract dated for Resident #1 (date of admission ). Review of the Facilities Monthly Income/Expense Statement revealed the monthly rate for Resident #1 is income of $733 and waiver $800 for a total of $1533.

Record review on revealed the facility failed to have the current monthly rate documented, and the Administrator's signature was blank on the executed contract dated for Resident #3 (date of admission ). Review of the Facilities Monthly Income/Expense Statement revealed the monthly rate for Resident #3 is income of $733 and waiver $1200 for a total of $1933.

On at 2:15 PM Staff A. stated, "I will review the rest of the records with the residents and make sure they are all up to date."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dulce Ocaso
3910 Nw 165 Street
Miami, FL 33054

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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