STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	07/20/2015
NAME OF PROVIDER OR SUPPLIER **DIOS DA EL MANA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9980 SW 1 STREET** **MIAMI, FL 33174**	

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. Dios Da El Mana Corp with Limited Mental Health and Limited Nursing Services components had the following deficiencies found at time of survey.

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the Assisted Living Facility failed to have a resident consent to the use of half-bed rail for two (#1 and #2) out of two sampled residents.

Findings include:

Review of Resident #1's record revealed that there was no consent to the use of half-bed rails. Resident #1 had consent to the use of full bed rail dated and signed on .

Review of Resident #2 ' s record revealed that there was a doctor order for half-bed rails dated and signed on but there was not resident consent to the use of half-bed rails.

In an interview with administrator on at 12:27 PM revealed that by mistake was signed the resident consent to the use of full bed rail.

In an interview with administrator on / at 12:45 PM revealed that he could not find resident consent to the use of half-bed rail.

Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have documentation of the appointment of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one (#2) out of two sampled residents:

Findings included:

Review of Resident #2's record revealed that Resident #2's niece signed informed consent to assistance with medication by unlicensed staff with no date.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	**07/20/2015**
NAME OF PROVIDER OR SUPPLIER **DIOS DA EL MANA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9980 SW 1 STREET** **MIAMI, FL 33174**	

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

In an interview with administrator on , at 12:36 PM revealed that resident's family member forgot to bring document of power of attorney.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dios Da El Mana Corp
9980 Sw 1 Street
Miami, FL 33174

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. **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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida