STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911034	07/22/2015
NAME OF PROVIDER OR SUPPLIER **RENACER**	STREET ADDRESS, CITY, STATE, ZIP CODE **115 WEST 5 STREET** **HIALEAH, FL 33010**	

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

0000 Initial Comments

An Standard Biennial Survey was conducted on , 2015 at Renacer ALF. There were deficiencies found at the time of the survey.

0008 Admissions - Health Assessment

Based on record review, observation and interview, the facility failed to have one out of six sampled residents (Resident #1) who had a significant change to have a new health assessment in the file at the time of the survey.

Findings included:

1. Record review revealed Resident # 1 was at this time totally bedridden and the health assessment stated in the section for or behavioral status, and in Hospice Care. The activities of daily living (ADLs) section for Ambulation/Bathing/ Dressing/Eating/Self Care/G /Toileting/Transferring documented assistance. This resident was observed to be totally bedridd / at 9:35AM..

2. The health assessment section A. Independent/Needs Supervision/Needs Assistance/Total Care all were blank.

3. The health assessment section C. #2 for the question, Bedridden? The answer was (No).

4. The health assessment examination date was .

5. Interviewed the Administrator on at 12:05 pm, she stated, Resident #1 was totally bedridden and the doctor has not updated the health assessment since the Resident was placed in Hospice Care on . It was determined the information in the last face to face visit on and the residents hospice Care since do not match.

Class III

L242 LMH - Responsibilities of Facility

Based on record review and interview, the facility failed to have one out of six sampled residents to have an up to date Community Living Support Plan/ Agreement/ Mental health Assessment.

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

Findings included:

1. Record review revealed Resident # 3's last Community Living Support Plan/ Agreement/ Menatl health Assessment was dated . A new plan had not been made for this Resident at the time of the survey.

2. Interview with the Administrator on at 12:30 PM confirmed, the findings in regards to resident #3's outdated Community Living Support Plan/ Agreement/ Mental health Assessment in the chart at the time of the survey. Resident #3 was the only Resident who did not have an updated plan out of the sampled Residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Renacer
115 West 5th Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state 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

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure
XG90

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