STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966633	08/04/2015
NAME OF PROVIDER OR SUPPLIER **LA PURISIMA**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 SW 36 AVENUE** **CORAL GABLES, FL 33135**	

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. La Purisima with Limited Nursing Services had deficiencies at time of survey.

0078 Staffing Standards - Staff

Based on record review and interview facility failed to document on an annual basis that the nurse contracted to provide limited nursing services has evidence of negative examanination.

Findings included:

Record review found the Regisred Nurse last statement was dated / .

On at 11:50 am, the administrator stated that she did not know that the test was already expired.

Class III

N277 LNS - Resident Care Standards

Base on record review and interview facility failed to provide an updated copy of the license of the Licensed Practical Nurse contracted by facility to provide limited nursing services. Facility also failed to contract or employ a Registered Nurse to supervise the contracted Licensed Practical Nurse.

Findings Include:

Record review revealed that the license of the Licensed Practical Nurse contracted by facility to provide limited nursing services expired on / . Also revealed that facility contracted a Licensed Practical Nurse who cannot perform nursing assessments unless she is supervise by a Registered Nurse.

On at 11:50 am administrator stated that she did not know that the nurse' license was already expired and that she is going to contract a registered nurse because she did not know that she needed a Registered Nurse.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2015

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135

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