STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968213	08/27/2015
NAME OF PROVIDER OR SUPPLIER **LA FINCA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17705 SW 218 STREET** **MIAMI, FL 33170**	

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 Finca Alf, Inc. with Limited Nursing Services and Limited Mental Health component had the following deficiencies found at time of survey.

0010 Admissions - Continued Residency

Based on observation, record review and interview, the Assisted Living Facility failed to have an accurate health assessment (AHCA form 1823) that reflected resident significant change in condition for one (#3) out of four sampled residents.

Findings included:

Observation on at 8:55 AM, found Resident #3 resting on bed with half-bed rail up.

Record review of Resident #3's file revealed that there was a doctor order for hospice evaluation and admission for Resident #3 on . Resident was admitted in hospice on . Health assessment in record completed in unknown date revealed that resident needed assistant taking her medication but it did not specified if resident needed assistance with self-administration of medication or needed medication administration; it indicated that resident needed assistance with activities of daily living (ambulation, bathing, dressing, eating, self-care, toileting and transferring), resident did not have any , 3, or 4 , and she was not bedridden.

In an interview with Administrator on at 10:05 AM revealed that Resident #3 came back from the nursing home with a but it was just redness. ALF did not have the new health assessment that documented changed in medical condition.
In an interview with Administrator on at 10:15 AM revealed that when Resident #3 at time of admission to the facility just needed assistance with activities of daily living, she used walker for ambulating. At time of survey Resident #1 needed total assistance for bathing, eating, transferring and toileting.

In an interview with Resident #3's via telephone on at 10:20 AM revealed that Resident #3 received hospice services.

Class III

0030 Resident Care - Rights & Facility Procedures

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

Based on observation and record review, the Assisted Living Facility failed to have a doctor order for the use of half-bed rail for one (#3) out of four sampled residents.

Findings included:

Observation on at 8:55 AM revealed that Resident #3 rested on bed with half-bed rail up.

Record review of Resident #3's file revealed that there was no doctor order in Resident #1's facility record neither hospice record for the use of half-bed rail.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
La Finca Alf, Inc
17705 Sw 218 Street
Miami, FL 33170

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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

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