STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	08/24/2015
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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. El Renacer De Ana 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 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 five sampled residents.

Findings included:

Record review of Resident #3's file revealed that health assessment (AHCA for 1823) was completed on and it showed that Resident #3 needed assistance with all activities of daily living (ambulation, bathing, dressing, eating, self-care, toileting and transferring).
Resident #3 has been receiving hospice services since .

In an interview with Caregiver A on at 11:32 AM revealed that Resident #3 needed total care with all activities of daily living.

Class III

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to have up-to-date interdisciplinary care plan for hospice residents four (#1, #2, #3 and #4) out of five sampled residents.

Findings included:

Record review of Resident #1's file revealed that Resident #1 was admitted to hospice on / / and plan of care was on and last review on .
Record review of Resident #2's file revealed that Resident #2 was admitted to hospice on / and plan of care was on / and last review on .
Record review of Resident #3's file revealed that Resident #3 was admitted to hospice on and there was no plan of care in record.
Record review of Resident #4's file revealed that Resident #4 was admitted to hospice on and

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plan of care was on / and last review on / .

In an interview with administrator via telephone on at 11:46 AM revealed that hospice nurse was supposed to leave updated plan of care for hospice residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
El Renacer De Ana Inc
5900 Nw 7 Street
Miami, FL 33126

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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