STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	**10/06/2015**
NAME OF PROVIDER OR SUPPLIER **RESIDENCIA NURSTRA SENORA DE LA ESPERANZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **11125 SW 48 STREET** **MIAMI, FL 33165**	

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

0000 Initial Comments

A Complaint Survey (CCR 2015009498) was conducted at Residencia Nuestra Señora De La Esperanza Home Care on , 2015. Residencia Nuestra Señora De La Esperanza Home Care had deficiencies at the time of the investigation survey.

0080 Training - Core & Competency Test

Based on record review and interview the facility failed to have an Administrator who successfully pass the CORE training requirements within 3 months of employment.

Findings included:

Review of the Florida Health Finder website on revealed Staff A. is listed as the Administrator of the facility. Record review revealed the facility failed to have documentation that the Administrator (Staff A., hire date /) passed the CORE training requirements with 3 months of employment.

On at 10:56 AM Staff A. stated, "I took the CORE however I missed the test by 5 points; I have to register to take the test again."

On at 11:32 AM owner Staff D. called Facility and stated, " Can I lease the ALF; because I got sick and I let Staff A. take over the ALF while I am sick I just had an operation. "

On at 12:33 PM Staff A. stated "since , 2015 I am responsible for the ALF, when I assumed the responsibility of the ALF I started paying for the Medicaid billing fine, my consultant and I, we negotiated a payment plan and have been paying the fine on a monthly basis I send out a cashier's check monthly I should be done paying the fine between 2015 or 2016. The facility's owner is Staff D., she is sick with , she cannot manage the ALF. She is still the owner of the property and business. I handle the day to day at the ALF.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to ensure resident records included a copy of the residents' contracts or records including the name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency for two out of eight sampled residents (Residents #3, and 7).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review and interview revealed two sampled residents (Residents #3 and 7) did not have files including a copy of the residents' contracts or records including the name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency.

On at 10: 23 AM Staff A. stated, " Resident #7 is here for only a couple of days; she is leaving soon, her son had an emergency in Cuba and left her in our care. The only documents I have are her social security number (SSN), ID, and Medicaid card. "

On at 12:52 PM Staff A. stated Resident #3 he sometimes stays here and then goes with his family I will converted him from a daycare resident to a regular resident as soon as possible.

Class III

Z827 Unlicensed Activitv

Based on observation, record review, and interview the facility exceeded its operating license by providing assisted living services to a total of eight residents while being licensed for 6 beds.

Findings included:
On at 10:25 AM Staff A. stated, "When Medicaid Program Integrity inspected us we had overcapacity, one of the residents left and the other one he had been in the hospital when he passed, one night the staff called to say he was not doing well, he was sent to the hospital and ended up with and passed."

On / at 10:40 AM Staff A. stated, "this home had a daycare license but the owner didn't give me the paper work, the owner told me she had been told by AHCA that she could have up to three daycare residents."

On at 12:13 PM verified with Staff A. and she stated, " # Resident #1 and #2, #_ Resident #3 and #4, # is the Staff .

On at 12:14 PM Staff A. stated " Resident #7 sleeps in # . She has been here since ; her son had urgent business in Cuba and left her here. " He returns on Sunday 2015 to pick her up, the only documents I have are her social security number (SSN), ID and Medicaid

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SUMMARY STATEMENT OF DEFICIENCIES
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card, and Resident #8 is a daycare resident, and # residents #5 and 6.

On at 12:52 PM Staff A. stated Resident #3 will be converted from a daycare resident to a regular resident as soon as possible."

On at 4:02 PM Resident #3 stated, " They have been working really hard to make repairs here at the home. I love the new owner, when I came here she was the one who picked me up. Everything has improved, food is very good, and all is very good.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Residencia Nurstra Senora De La Esperanza Home Car
11125 Sw 48 Street
Miami, FL 33165
RE: CCR #2015009498

Dear Administrator:

This letter reports the findings of a complaing 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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