STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967711	R 10/22/2015
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12211 SW 268 STREET** **HOMESTEAD, FL 33032**	

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

0000 Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 10/22/15. Diaz Home Care ALF II with Limited Mental Health (LMH) component had deficiencies at time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview the facility failed to obtain a written physician's order for use of a full bed rail for 1 out of 7 (#1) sampled residents.
Findings included:
During the facility tour on at 8:47 AM was observed Resident #1 (admitted on) was laying down in bed with had half bed rails attached to his bed.
Record review on showed Resident #1 did not have any written physician's order from Hospice for the use of full bed rails.
During an interview on / at 9:30 AM, Facility Administrator acknowledged Resident #1 did not have a physician order. He stated did have written note to contact physician for the order but you came first
Class III

0160 Records - Facility

Based on observation, record review and interview, the facility failed to have an up-to-date admission and discharge log listing the names for 1 out 7 (resident #2) sampled residents.

Findings included:

Observations on / at 8:47 AM during facility tour showed that was seven residents at the facility.

Record review on showed that Resident #2 (admitted on /) name was not listed on the admission and discharge log.

Interview conducted on / at 1:45 PM, Administrator acknowledged that the Resident #2 was not listed on the admission and discharge. He stated I'm doing this as a favor.

Class III

0162 Records - Resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12211 SW 268 STREET** **HOMESTEAD, FL 33032**	

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

Based on observation, record review, and interview the facility failed to have resident's records to include all of the required components for 1 of 7 (#2) sampled residents. The facility failed to have signed the consent for unlicensed staff to assist with self-administration of medication for 1 out of 7 (#2) residents sampled.
Findings included:
Record review on showed that Resident #2 ' s did not have records that include all the required documentation. The facility did not have a signed consent for unlicensed staff to assist Resident #2 ' s with self-administration of medication. Resident #2 ' s folder did contain documentation from a discharge hospital with medication order and health assessment dated / / (see photo).
During an interview on at 9:00 AM, facility Administrator arrived at the facility. He stated Resident #2 ' was admitted at the facility on / . He stated she is here because I'm doing a favor to a Hospital to take care of her. He stated I'm doing this without paid. He stated she did received assistance with self-administration of medication and all the ADLs. He stated she slept on day bed until today.
During an interview on / at 9:20 AM Resident #2 stated I'm very happy to live. She stated administrator and his wife are very nice people. She stated god put me in the right place. She stated staff assists with medication.
Class III

Z827 Unlicensed Activitv

Based on observation, record review and interview the assisted living facility failed to obtain a licensure capacity increase prior to providing personal care, and meals to one out of seven residents (Resident #2). The facility provided services to residents outside the current license capacity of six.
Findings included:
During the facility tour on at 8:47 AM, facility Staffs showed that facility had seven residents.
Record review on showed that Resident #2 did have at the facility a folder with documentation from a discharge hospital with medication order and health assessment dated / (see photo).
During an interview on / at 9:00 AM, facility Administrator arrived at the facility. He stated Resident #2 was admitted at the facility on . He stated she is here because I'm doing a favor to a Hospital to take care of her. He stated I'm doing this without paid. He stated she received assistance with self-administration of medication and all the ADLs. He stated she slept on day bed until today.
During an interview on / at 9:20 AM Resident #2 stated I'm very happy to live. She stated administrator and his wife are very nice people. She stated god put me in the right place. She stated staff assists with medication.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Diaz Home Care Alf Ii, Inc
12211 Sw 268 Street
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial Survey Revisit conducted on 22, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

. All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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