STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911031	R /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RONA'S RETIREMENT HOME	**10900 SW 177 TERRACE MIAMI, FL 33157**

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

0000 Initial Comments

A Complaint (CCR#2015009554) Survey Revisit was conducted on 11/13/2015. Rona's Retirement Home with Limited Mental Health component had the following deficiency identified at time of the survey:

0007 Admissions - Criteria

Based on record review and interview the facility failed to ensure that 1 out of 6 (#1) facility residents' met admission criteria.

Findings included:

Record review showed Resident #1, who was admitted on , health assessment (dated) stated the resident was diagnosed with , chronic, 2, , and . The assessment also documented resident needed assistance with all activities of daily living (ADLs) and showed the resident posed a danger to self or others. It document that the patient had a history of harming herself and required 24 hours nursing or care. Under the special precautions section of the health assessment it reported, "client has a history of harming itself such as cutting its wrist, banging its head on the wall, drinking shampoo." or behavior status stated, "client present with symptoms of hallucinations, ,

On / at 10:00 a.m. the Administrator stated Resident #1 used to have such mentioned behaviors but not at the present moment. The facility administrator added, the facility did not have an updated health assessment for the resident.

Uncorrected Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911031	A. Building B. Wing	11/13/2015

Name of Facility	Street Address, City, State, Zip Code
RONA'S RETIREMENT HOME	10900 SW 177 TERRACE MIAMI, FL 33157

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	Correction Completed	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	Correction Completed	ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed
ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	Correction Completed	ID Prefix **AZ816** Reg. # **408.809(2)(a-c) FS** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By **State Agency**	**Reviewed By**	**Date:** 11/18/15	**Signature of Surveyor:**	**Date:**	
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2015

Administrator
Rona's Retirement Home
10900 Sw 177 Terrace
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a complaint (2015009554) revisit survey conducted on , 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:ve
Enclosure

BBT7

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