

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965870	(X3) DATE SURVEY COMPLETED 01/05/2016
NAME OF PROVIDER OR SUPPLIER 1 ZOURCE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NE 176 STREET MIAMI, FL 33162	

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

0000 Initial Comments

A complaint (CCR #2015012314) survey was conducted on 1/1/16. 1 Zource Living Care with a Limited Mental Health component had the following deficiency identified at the time of the survey:

0010 Admissions - Continued Residency

Based on interviews and record review, the facility failed to ensure the accuracy of the resident record for one of four residents (Resident #1). The Health Assessment (AHCA form 1823) was inaccurate and contradictory regarding the Resident #1's need for elopement and elopement precautions.

Findings:

A review of the Health Assessment (1823) for Resident #1 dated 12/15/15 revealed that the resident was identified as needing elopement and elopement precautions, however the resident was also identified as not being an elopement risk. Further record review identified no documentation that elopement or elopement precautions had been put into place.

On 1/1/16 at 12:10 pm Resident #1's guardian stated that the resident had elopement history prior to placement at the facility, and that since he couldn't assure that she wouldn't elope in future, he would obtain an ID bracelet for her.

On 1/1/16 at 12:15 pm, the Administrator stated that Resident #1 had been living at the facility for more than 5 years and had not shown any elopement behaviors.

On 1/1/16 at 12:27 pm, Resident #1's physician stated that the resident was not an elopement risk but was a fall risk, and also stated that the facility needed to put fall precautions in place since the resident had already fallen a couple of times.

On 1/1/16 at 12:30 pm, the Administrator acknowledged that no fall precautions had been put in place for Resident #1, and that the facility needed to do this.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
1 Zource Living Care
1401 Ne 176 Street
Miami, FL 33162
RE: CCR #2015012314

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 5, 2016 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 , 2016.** 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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