STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942885	02/18/2016
NAME OF PROVIDER OR SUPPLIER SENIORS RESIDENCE ACLF	STREET ADDRESS, CITY, STATE, ZIP CODE 11334 SW 2 STREET MIAMI, FL 33174	

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

0000 Initial Comments

An Extended Congregate Care (ECC) Monitoring Survey was conducted on / and concluded on . Seniors Residence ACLF had deficiencies found at time of survey.

0162 Records - Resident

Based on record review and interview the facility failed to maintain feeding physician order for one out of eight (Resident #1) sampled residents that were receiving services from a Hospice and facility nurse. The facility also failed to have the updated plan of care from third party.

Findings include:

Resident record review on / / at 10:30 AM showed Resident #1 has been receiving hospice services since . The facility nurse documented that he has been feeding the resident once time a day.
Interview conducted on at 11:30 AM, the Administrator stated Resident #1 has a tube. Nurses have been providing feedings three times a day. Hospice nurse feeds her two times and the facility nurse feeds her one time.
Interview conducted on at 12:20 PM, Hospice Registered Nurse stated "I have been feeding Resident #1 in the morning. Resident's #1 head nurse has the feeding physician order."
Interview conducted on at 1:10 PM, Resident #1's Head Nurse stated "I completed the Plan of care and I have it in my computer. The resident has been feeding three times a day. We feed her two times and the facility nurse one time a day. I have the physician order in my computer. The person in charge is going to print it and I am going to leave the plan of care in the facility in a few days."
Resident's #1 did not have updated Plan of Care or the feeding order in her record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2016

Administrator
... Seniors Residence Aclf
11334 Sw 2 Street
Miami, FL 33174

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) monitoring licensure survey that was conducted on ..., 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

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