STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967275	03/22/2016
NAME OF PROVIDER OR SUPPLIER **NOMEL'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3818 JUPITER BLVD SE** **PALM BAY, FL 32909**	

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

0000 Initial Comments

Re-licensure survey was conducted on . Nomel's ALF Inc. had deficiencies found at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure a resident health assessment (AHCA 1823) had all the required information for 2 of 2 sampled residents (#1 and #2).
Findings:
1. Resident #1's record review revealed a health assessment (AHCA 1823) dated . It did not address if the resident required any assistance with the administration of medication. It also did not have the examiner's address.
2. Resident #2's health assessment (AHCA 1823) dated / did not address whether the resident would require any assistance with the administration of medication. It also did not have the examiner's address and telephone numbers.
On at 4:15 p.m. the manager confirmed the above findings.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to obtain documentation of the appointment of a power of attorney for 1 of 2 sampled residents (#2).
Findings:
Resident #2's record review revealed the resident's daughter signed a resident contract on / on behalf of the resident. There was no documentation of the appointment of the resident's proxy found in her record.
On at 4:30 p.m. the manager checked the resident's contract and confirmed it was signed by the resident's daughter. The manager could not locate any documentation of the appointment of the daughter as the power of attorney.

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to ensure the resident contract had all of the required information for 1 out of 2 sampled residents (R2).

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

Resident #2's record review revealed a resident contract dated [illegible]. The contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

On [illegible] at 4:15 p.m. the manager confirmed the resident's contract did not have the complete information regarding health assessments.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Nomel's Alf Inc
3818 Jupiter Blvd Se
Palm Bay, FL 32909

RE: Re-licensure

Dear Administrator:

This letter reports the findings of a state 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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