STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966633	04/19/2016
NAME OF PROVIDER OR SUPPLIER **LA PURISIMA**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 SW 36 AVENUE** **CORAL GABLES, FL 33135**	

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

0000 Initial Comments

A Complaint (2016002833) Survey was conducted on and concluded on . La Purisima with Limited Nursing Services had deficiencies identified at the time of survey.

0010 Admissions - Continued Residency

Based on observations and interview, the facility failed to ensure that 1 of 3 (#2) sampled residents met continued residency criteria.

Findings included:

The facility tour on at 12:18 pm found Resident #2 in bed. The Administrator held Resident #3 to sit her up from the bed. Resident #3 was not able to assist with getting up out of bed or to stand. Observed the Administrator trying to put Resident #6 on a wheelchair but the resident required total care to lift her.

On at 12:18 pm the Administrator stated "she walks."

On at 1:03 pm, Staff B stated Resident #2 walks a little.

Class III

0083 Training - First Aid and

Based on observation, record review, and interview, the facility failed to ensure that at least one staff member had First Aid and at all times when caring for a census of three residents.

Findings included:

Arrived to the facility on / at 12:18 pm, found the Administrator caring for a census of three residents.

On at 12:18 pm the Administrator stated she was working and her son (Staff B) was not feeling well.

Record review found the Administrator's last First Aid and training expired on . The facility did not have any evidence to show that the Administrator had current training.

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On the facility faxed a copy of the Administrator First Aid and card which was issued on

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
La Purisima
100 Sw 36 Avenue
Coral Gables, FL 33135
RE: CCR #2016002833

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was concluded 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

XG90

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