STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967248	05/12/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DE ABUELOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3240 NW 18 STREET** **MIAMI, FL 33125**	

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

0000 Initial Comments

An Standard Biennial survey was conducted on . Hogar De Abuelos Assisted Living Facility had the following deficiencies found at the time of the survey:

0079 Staffing Standards - Levels

Based on observation, record review, and interview the assisted living facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.
Findings Included:
On at 8:30 AM during the tour, observed one staff member (Staff B) providing services to a census of 6 residents. The Administrator arrived to the facility on at 8:55 AM and during survey administrator did not assist residents with activities of daily living (ADLs)
A review of the staffing schedule posted for the month of 2016 showed Staff A (administrator) scheduled to work from 7:00 AM to 7:00 PM and Staff B (caregiver) from 7:00 AM to 7:00 PM.
During an interview on / at 11:19 AM Staff B stated that she worked by herself during daytime.
During the exit interview on at 2:00 PM, the facility Administrator stated one of the residents is moving out of the facility with her family and "I ' m going to have only five residents." He stated that he does work during night time.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe environment, free of hazards, to six of six facility residents.
Findings Included:
On / at 8:30 AM during facility tour observed in # closet doors down from the rail and one of the chest drawers (second) missing. Staff B (caregiver) stated that the carpenter took it to fix it.Oserved in a common area pealing ceiling and black spots on the ceiling. The women's in the common are had a hole in the ceiling, and missing floor boards behind the chair next to the black sectional sofa.
On / / at 2:00 PM at the exit conference, the facility Administrator stated "I did repair the roof but I do not have the receipt from the company that did the job. I will get it for the next visit and I will paint and repair inside."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hogar De Abuelos
3240 Nw 18 Street
Miami, FL 33125

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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