STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964118	05/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCIA NURSTRA SENORA DE LA ESPERANZA	**11125 SW 48 STREET MIAMI, FL 33165**

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

0000 Initial Comments

A Limited Mental Health component licensure expansion survey was conducted on . Residencia Nuestra Senora de la Esperanza Home Care (license #8873) had deficiencies found at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to obtain a statement from a health care provider that 1 of 2 (Staff A) sampled staff did not have any signs or symptoms of a communicable including .

Findings included:

Personnel record review was conducted on at 11:11 AM Staff A did not have documentation from a health care provider that she did not have any signs or symptoms of a communicable including . Staff A was hired on .

Interview with the Administrator conducted on / / at 11:42 PM acknowledged that there was no documentation from a health care provider that Staff A did not have any signs or symptoms of a communicable including .

Class III

L240 LMH - Licensing

Based on record review and interview, the facility failed to have Limited Mental Health (LMH) component of their license prior to admitting/retaining residents.

Findings included:

Record review on showed Residents #1 admitted on / / . Resident #1's health assessment dated / / indicated the resident was diagnosed with . Resident #1 received monthly ( ).

Facility's record review showed the facility did not have a LMH component of the license.

Interview conducted on at 11:42 AM, the owner acknowledged that she had one limited mental

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health (LMH) resident at the facility and did not have the Agency license to provide service. She stated "The facility had LMH service component all the time. The facility's consultant did not mark the Limited Mental Health service component in the renewal application."

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview, the facility failed to provide evidence of a level II background screening for 1 of 2 (Staff A) sampled staff.

Findings include:

Observations on / at 11:11 AM revealed Staff A was in care of the residents.

Personnel records review revealed Staff A, caregiver did not have proof of background screening compliance. Staff A was hired on .

The background screening website was reviewed during the survey it had no evidence of a level II background screening for Staff A.

Interview conducted on / at 11:42 PM, the facility's owner stated Staff A did not have documentation of compliance with level 2 background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Residencia Nurstra Senora De La Esperanza Home Car
11125 Sw 48 Street
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a Limited Mental Health component licensure expansion 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

XG90

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