STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966671	05/18/2016
NAME OF PROVIDER OR SUPPLIER **NUEVO RENACER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **540 NORTH PERVIZ AVENUE** **OPA LOCKA, FL 33054**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Nuevo Renacer ALF (license #10831) had deficiencies identified at the time of survey:

0010 Admissions - Continued Residency

Based on observation, interview, and record review the facility failed to have a completed health assessment for two of five (Resident #1 and #4) sampled residents.

Findings included:
Observations on of Resident #1 revealed the resident was bed bounded and required total assistance with daily living.
Record review of Resident #1's health assessment (AHCA Form 1823) dated revealed page #2 was missing. Therefore, there was no diet information, no or communicable indicated, and it did not state if the facility could meet Resident #1's needs, or if she needed 24 hour nursing and/or care.
Record review of Resident #4's health assessment (AHCA Form 1823) dated revealed page #2 was missing. Therefore, there is no diet information, no or communicable indicated, and it did not state if the facility could meet the Resident #4's needs.
Interview on at 2:10 pm the Administrator acknowledged that Resident #1 and #4's information was missing of the AHCA's Form 1823 at the time of the survey.
Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review the facility failed to provide and/or offer recreational activities to residents.

Findings included:
Observations on from 9:00 am to 2:50 pm found Residents #2, 3, 4, and 5 seated in the living TV or looking out through the front window. Observations found staff did not provide or offer any social activities at the time of the survey.
Interview on at 1:33 pm Resident #2 stated, "I watch TV."
Interview on at 1:12 pm Resident #3 stated, "There is nothing to do, I just look through the window."
Interview on at 1:23 pm Resident #4 stated, "There is nothing to do, I just look through the window."

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Interview on at 2:17 pm to Staff B stated, "We usually have coloring and domino, but they do not want to participate."
Interview on at 2:23 pm Staff B stated, "We do not have activity today; however, we have activities when they want to participate."
Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to review Resident #2's Medication Observation Record (MOR) before assist with self-administration of medication and failed to ensure that one of five (#2) sampled residents took the medication.

Findings included:

Observation on at 12:00 pm revealed Staff B did not review the MOR to verify the medication information prior to assisting Resident #2 with self-administration of medication. Also, Staff B did not observed Resident #2 swallowed the medication.
Interview on at 2:30 pm Staff A acknowledged that Staff B did not follow the proper procedure to assist with self-administration of medication to Resident #2.

Class III

0054 Medication - Records

Based on observation, record review, and interview the facility failed to have a medication listed on the medication observation record (MOR) for one of five resident (#2) who receives assistance with self-administration of medications.

Founding included:

Observation on at 9:42 am of # revealed a medication (0.4) bottle with pills inside (on top of the desk) that belonged to Resident #2.

Record review on to the medication observation record (MOR) for Resident #2 showed that 0.4 mg was not listed.

Interview on at 9:42 am Staff B stated, "This medication belongs to Resident #2, and she likes to have it on top of the desk because she takes it when she have pain in her chest. She took it a week

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ago."

Interview on at 9:50 am Staff B stated, " It has not been in the MOR for this month ( ) because the doctor did not order again."

Interview on at 10:10 am Staff A confirmed that Resident #2's medication was not listed on the MOR. Staff A stated, "It was reflected on the MOR last month."

Interview on at 2:00 pm to Resident #2 stated, "I take that medication every time I need; when I have chest pain, I have it one week ago. "

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure that the centrally stored medications were kept in a locked at all times.

Findings included:

Observation on at 9:37 am found three bottle of Suppositories inside of the facility's refrigerator (unlocked, unlabeled, and unattended).

Interview on at 9:37 am Staff B stated, "Those belong to Resident #2 and # 3. I recognized whose they are even if they do not have name on them; however, I did not know that those medications needed to be locked."

Further observations on at 9:42 am in shared # revealed a medication (0.4) bottle with pills inside (unlabeled) on top of the desk that belonged to Resident #2.

Interview on at 9:42 am Staff B stated, "This medication belongs to Resident #2, and she likes to have it on top of the desk because she takes it when she have pain in her chest. She took it a week ago."

Class III

0077 Staffing Standards - Administrators

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Based on record review and interview the facility failed to appoint a Manager for each facility the Administrator supervised.

Findings included:

Record review on revealed the facility finder reflected Staff A was the Administrator at two facilities . The facility failed to appoint a Manager for each facility the Administrator supervised.

Interview on at 2:50 pm Staff A stated, "I need to assign a Manager in this facility."

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have signed attestations in the facility's staff files.

Findings included:

Record review on at 9:30 am showed facility's staffing pattern reflected three staff.

Record review revealed the facility did not have signed attestation forms from each staff.

During an interview on at 1:23 pm Staff A stated, "I did not know that I have to keep the attestations with the staff background screening." The Administrator acknowledged that the facility's staff did not have attestations in their files.

Unclassified Deficiency

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings:

Observations on from 9:00 am to 2:50 pm found Staff A and B were providing care to a census

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of five residents.

Record review showed the staffing pattern reflected the facility had three Staff members.

The background screening website showed the facility did not register its employees to the facility's employee roster.

Interview on Staff A acknowledged that she did not have the staff registered in the clearinghouse.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Nuevo Renacer Alf
540 North Perviz Avenue
Opa Locka, FL 33054

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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