AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	06/02/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

0000 Initial Comments

A Standard Biennial was conducted on , 2016. Hogar De Amable Consuelo Corp License #8745 had the following deficiencies identified at time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure qualified staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and have proof of a negative examination documented on an annual basis for one out of eight (#H) sampled staff.

Findings included:

Observation made on of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on / found Staff H did not have a file available for review.

Interview on / at 3:30 PM with the Administrator acknowledge she did not have the file and that she assist residents with care and services.

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to provide documentation ensuring that one out of six sampled Staff (#D) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Record review on of personnel files found that Staff D (hired) did not have the in-service training's in
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and .
3. Reporting major incidents.
4. Reporting adverse incidents.
5. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	06/02/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

Interview on / at 3:30 PM with Staff A after review of file verified Staff D did not have the training's above.

Class III

0082 Training - ... /

Based on record review and interview, the facility failed to one out of eight (#H) sampled staff have / training.

Findings included:

Observation made on of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on / found Staff H did not have a file available for review. The was no documentation of Staff H completing the / training.

Interview on / at 3:30 PM with the Administrator acknowledge she did not have the file and that it was at another facility.

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure one out of eight (#H) staff staff have completed in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times.

Findings included:

Observation made on of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on / found Staff H did not have a file available for review.

Interview on / at 3:30 PM with the Administrator acknowledge she did not have the file and that it was at another facility.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	06/02/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

0090 Training -

Based on record review and interview, the facility failed to ensure one out of eight (#H) staff have the training.

Findings included:

Observation made on / of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on found Staff H did not have a file available for review.

Interview on at 3:30 PM with the Administrator acknowledge she did not have the file and that it was at another facility.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to maintain a personnel record for one out of eight (#H) staff members.

Findings included:

Observation made on / of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on found Staff H did not have a file available for review.

Interview on at 3:30 PM with the Administrator acknowledge she did not have the file and that it was at another facility.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to have a signed informed consent for unlicensed staff to assistance with medications for one out of three (#1) sampled residents.

Findings included:

Record review on of the medication book shows Resident #1 was receiving medication daily. Record review found that the facility did not have signed informed consent for unlicensed staff to assist

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963738	06/02/2016
NAME OF PROVIDER OR SUPPLIER **HOGAR DE AMABLE CONSUELO CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **134 W 59TH STREET HIALEAH, FL 33012**	

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

with self administration of medications for resident #1's file. .

Interview on / at 3:30 PM with Staff A acknowledge the consent was not completed..

Class III

Z813 Results of Screening & Notification in File

Based on record review and interview the facility failed to have the required Attestation regarding criminal history form in the personnel file and the nackground screening paperwork for one out of eight (#H) sampled satff.

Findings included:

Observation made on / of the staff schedule posted on the wall found the owner listed. Record review of the facility employee records on found Staff H did not have a file available for review. There was no documentation of background screening and attestation letter. Internet search done on shows on eligible.

Interview on at 3:30 PM with the Administrator acknowledge she did not have the file and that it was at another facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hogar De Amable Consuelo Corp
134 W 59th Street
Hialeah, FL 33012

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,

Arlene Mayo Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com